DEPT.- 65

JOB- 15

REEL- 26

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23907

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A.	B.	C.	D.
☐ Establish retention period for records which are accumulating daily.	☐ Dispose of present accumulation, no additional accumulation anticipated.	☐ Microfilm and destroy originals.	☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A.	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	☒ To be Burned or shredded	☐ Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls & 1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2 APPROVED: CITY SOLICITOR

3 APPROVED CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

HEALTH DEPART

Ward 11

99667

CERTIFICATE C

(Place of Death.) No. 714 Penn Alle

Full Name Robi

{ Residence, if in Baltimore, Give Street and Number. } 714 P

Duration of Residence in Baltimore. 2

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE

DATE OF BIRTH ..... 1.....

I HERE.

Dec 24

AGE 20 years, ... months, ... days

that I last saw h im a.

and that death occurred, o.

P M. CAUSE OF DEAT.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

Tuberculos

FULL NAME OF FATHER William H Dixon

BIRTHPLACE OF FATHER (State or country) Baltimore Md

(DUR.

MAIDEN NAME OF MOTHER Ella Bell

Contributory (Primary.)

Hemoptysis (DURATIO.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

(Signed) Frank Nyman

OCCUPATION OF DECEASED Waiter

Address 322 D Greene St

Date March 28 th

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Dixon

Place of Burial Mt Auburn Cem

(Address) 714 Penn Alley

Date March 28

Filed 3/28 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

Undertaker R St C Elliott

Address 506 D

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 99668

99668

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Scott.

{Residence, if in Baltimore, Give Street and Number.} 902 Whalcoat St

Duration of Residence in Baltimore. 77yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Labored

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Son (Informant) Hays Scott

(Address) 907 Whalcoat St

Filed 3/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 27 1907

I HEREBY CERTIFY, That I attended deceased from Mar 18 1907 to Mar 27 1907 that I last saw him alive on Mar 27 1907, and that death occurred, on the date stated above, at 1.10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bright's Disease

2yrs (DURATION) DAYS

Con'ributory (Primary.) Uraemia

(DURATION) 7 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Mar 27 1907

Place of Burial Md. Auburn

Date March 29 1907

Undertaker A. J. Elliott

Address 504 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward ..... 99669 Registered No. B 99669

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Gertrude Clarke.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 1871

AGE 35 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) W.Va

FULL NAME OF FATHER P. F. Singer

BIRTHPLACE OF FATHER (State or country) W.Va

MAIDEN NAME OF MOTHER Susan Campbell

BIRTHPLACE OF MOTHER (State or country) W.Va

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. L. Clark

(Address) Vandalia W.Va

Filed 3/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 28, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Mar 28, 1907 that I last saw her alive on Mar 28, 1907, and that death occurred, on the date stated above, at 4-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pyothorax.

(DURATION) 14 DAYS

Con'tributory (Primary.) Septicaemia

(DURATION) DAYS

(Signed) C. C. Lemley M.D.

Address Md. Gen. Hosp.

Date Mar 28, 1907

Place of Burial Weston W.Va

Date March 29 1907

Undertaker Chas. E. Isaacs

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. B 99670

Plat

99670

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anthony Culotta

{Residence, if in Baltimore, Give Street and Number.} 1502 E. Baltimore St.

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 11th 1905

AGE: 11 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Dominico Culotta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Rosa Culotta

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dominico Culotta

(Address) 1502 E. Baltimore St

Filed 3/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 28 1907 that I last saw h.im alive on March 28 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Typhoid fever (DURATION) about 18 DAYS

bronchopneumonia

(Signed) W. W. Owre, M.D.

Address University Hospital

Date March 28 1907

Place of Burial St. Vincents Cemetery

Date March 29th 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99671

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99671

City of Baltimore, (No. 712, W Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Wiener

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Dec (Month) 9 (Day) 1832 (Year)

AGE: 74 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Fokwinkel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Wiener

(Address) 712 W. Hamburg st.

Filed 3/28/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Mar 27 1907

that I last saw her alive on Mar 26 1907,

and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Cirrhosis of liver

about 3 years (DURATION) DAYS

Contributory Exhaustion 3 (DURATION) DAYS

(Signed) H E Kurtz M. D.

Mar 27 1907 (Address) 100 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: March 29 1907

UNDERTAKER: James Dignan & Sons

ADDRESS: 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, Baltimore

99672

Ward 20

Registered No. B 99672

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. Preston near Stricker St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Homer J. Blanch

{Residence, if in Baltimore, Give Street and Number.} 1931 Hollins St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. 24th 1857

AGE: 50 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jas. F. Blanch

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Ann Appleby

BIRTHPLACE OF MOTHER (State or country): Balto,

OCCUPATION OF DECEASED: Job Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelius P. Kerbin Jr.

(Address) 1906 Hollins

Filed 3/28 1907

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 27th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died Suddenly (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave, City

Date Mar 29th 1907

Place of Burial Loraine Cemetery

Date March 30th 1907

Undertaker C. H. McComas

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 99673 — Registered No. B 99673

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frengott Bleur

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX M.	COLOR C.
DATE OF BIRTH	1
AGE 47 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/28/07 190

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 — 1907

I HEREBY CERTIFY, That I attended deceased from Mch 12 1907 to Mch 25 1907 that I last saw him alive on Mch 25 1907 and that death occurred, on the date stated above, at 220 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion Hemorrhage Carcinoma of Penis

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date March 25th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR. 27 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. ULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

Ward 14 99674 Registered No. B 99674

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie May Bates

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Black
DATE OF BIRTH: Mar. 24 1906	
AGE: 1 years, — months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Lawrence

(Address) 200 S Madison Ave.

Filed 3/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 28 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 24 1907 to Mar. 28 1907 that I last saw her alive on Mar. 27 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus (Cause to some extent (morbid))

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Annie M. Lawrence M.D.

Address 200 Madison Ave.

Date Mar. 28 1907

Place of Burial Cathedral Cem.

Date 3—29 9 am 1907

Undertaker Felix B Pye

Address 1028 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

99675

9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99675

City of Baltimore, (No. 1911, Arisquith St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jefferson Woodall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Mulatto
DATE OF BIRTH: Don't know (Month) (Day) (Year)	
AGE: 55 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Georgia	
FULL NAME OF FATHER: Don't know	
BIRTHPLACE OF FATHER (State or country): Don't know	
MAIDEN NAME OF MOTHER: Don't know	
BIRTHPLACE OF MOTHER (State or country): Don't know	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno B Woodall

(Address) 1911 Arisquith St.

Filed 3/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 26, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 24, 1907 to Mch 25 1907

that I last saw him alive on Mch 26, 1907,

and that death occurred, on the date stated above, at 8.30 a. m. The CAUSE OF DEATH was as follows:

Complication of heart liver & kidneys

(In Johs Hopkins hospital 3 months) (DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) Hugh Forsythe, M. D.

Mch 26 1907 (Address) 124 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Mch 29 1907
UNDERTAKER: R & E. Elliott	ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age,*** condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

Registered No. B 99676

99676

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 641 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael F Reagan

{ Residence, if in Baltimore, Give Street and Number. } 641 W Mulberry St

Duration of Residence in Baltimore. 51 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER — — —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER — — — —

BIRTHPLACE OF MOTHER (State or country) — — —

OCCUPATION OF DECEASED Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lio. Reagan

(Address) 641 W. mulberry St

Filed 3/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1907 to Mch 27th 1907

that I last saw h[illegible] alive on Mch 27th 1907

and that death occurred, on the date stated above, at 9.15 P M.

CAUSE OF DEATH (Secondary or Immediate)

Dropsy & Asthma

(DURATION) 60 DAYS

Contributory (Primary.) Nephritis

(DURATION) — DAYS

(Signed) Jno T McCarthy M.D.

Address 68 W Franklin St

Date Mch 28th 1907

Place of Burial New Cathedral Cemetery

Date March 30th 1907

Undertaker H. L. Branning

Address 5. S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99677 Registered No. B 99677

CERTIFICATE OF DEATH.

(Place of Death.) No. 1330 Argyle Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ferdinand Hilts

{Residence, if in Baltimore, Give Street and Number.} 1330 Argyle Av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — — —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — — — —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Stone mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Coffey

(Address) 2021 Layfayette ave

Filed 3/29/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Mch 28th 1907

that I last saw h. im alive on Mch 27 1907,

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Asthama, Heart failure

Asthma, Pulmonary Edema.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 616 W Franklin St

Date Mch 28th 1907

Place of Burial Holy Redeemer Cemetery

Date March 30th 1907

Undertaker H. C. Branning

Address 5 S. Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 99678 — Registered No. B 99678

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 E Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Simmo

{ Residence, if in Baltimore, Give Street and Number. } 9 E Hughes St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frank Simmo

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Annie White

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Garfield Jefferson (Brother)

(Address) 23 E Hughes St

Filed 3/29/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Yellow Atrophy of the Liver

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Cousin hardt M.D.

Address Coroner

Date March 28 1907

Place of Burial Mt. Auburn Cem

Date March 29th 1907

Undertaker B. L. Brown, with Son

Address 108 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. B 99679

99679

CERTIFICATE OF DEATH.

(Place of Death.) No. 1338 Woodyear St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Galloway.

{ Residence, if in Baltimore, Give Street and Number. } 1337 woodyear st.

Duration of Residence in Baltimore. 4 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afro-Am

DATE OF BIRTH: 1877 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Montgomery Co. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Elwyatt,

(Address) 1337 woodyear St.

Filed 3/29/07

REGISTRY CLERK.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-27 1907.

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Mch 27 1907, that I last saw h— alive on Mch 27 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonic Phthisis
(Galloping Consumption)

(DURATION) 6 Hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 3-28 1907.

Place of Burial Odd Fellows Catonsville

Date March 29 1907

Undertaker Charles H. Preston

Address Catonsville Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 7

99680 Registered No. B 99680 140

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 W Barre St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Lee Scrivner

{Residence, if in Baltimore, Give Street and Number.} 537 W Barre St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr. 4 1882

AGE 24 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER J. P. Justice

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Wessells

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Scrivner

(Address) 537 W. Barre St.

Filed 3/29/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 27 1907

I HEREBY CERTIFY, That I attended deceased from Mar 4 1907 to Mar 27 1907

that I last saw her alive on March 6th 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Thrombosis

(DURATION) Few Seconds DAYS

Con'tributory (Primary.) Placenta Praevia Praemia

(DURATION) 23 DAYS

(Signed) I. E. Carpenter M.D.

Address Madison & Bloom Sts.

Date Mar 28 1907

Place of Burial Loudon Park

Date Mar 29 1907

Undertaker Wm. J. Dickneite Sons

Address Lauder & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 | 99681 | Registered No. B 99681

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 534 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ann Plummer

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 6 1839

AGE 67 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry Davis

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Rhoda Davis

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Saddler Son

(Address) Caudell Pain

Filed 3/29 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from As above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 4 hours

(Signed) J. D. Feldstein Coroner M.D.

Address 211 W. Lanvale St.

Date March 28th 1907

Place of Burial Loudon Park

Date March 30 1907

Undertaker W. J. Saddler Son

Address Caudell Pain

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 — 99682 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Mary Heim

{Residence, if in Baltimore, Give Street and Number.} 2006 E. Biddle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 8th 1906

AGE: 3 years, 3 months, 20 days

SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Michael Stein

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Ulrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 2006 E. Biddle St.

Filed 3/29 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1907

I HEREBY CERTIFY, That I attended deceased from March 28th 1907 to March 28th 1907

that I last saw her alive on March 28th 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

State Cerebral Meningitis

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1501 E. Eager St.

Date March 29th 1907

Place of Burial Holy Redeemer Cemetery

Date March 30th 1907

Undertaker Henry Woelke Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99683

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

63

CERTIFICATE OF DEATH.

Registered No. B 99683

City of Baltimore, (No. St. Frances' Convent E. Clement St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister Mary Barbara Garner, O. P.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Brown.

DATE OF BIRTH: not known. (Month) (Day) 1872 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Anacostia, D.C.

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Mother Magdalen

(Address) St. Frances' Convent.

Filed 3/29/07 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 19 1907 to Mar 21 1907 that I last saw her alive on Mar 28 1907, and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 2 DAYS

Contributory Myelitis

9 weeks (DURATION) DAYS

(Signed) Mary T. Vaughan M. D.

Mar 28 1907 (Address) 1028 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: 30 March 1907

UNDERTAKER: Edward J Byrne ADDRESS: 302 Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99684 Registered No. B 99684

CERTIFICATE OF DEATH.

120

Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lydia Osbourne

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/29/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to March 27 1907 that I last saw her alive on March 27 1907, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, chronic diffuse infiltr. chronic aortic + mitral endocarditis with mitral insufficiency + cardiac dilitation + hypostatic lung = (DURATION) DAYS

Contributory (Primary.) Pul T.B. + T.B. peritonitis (DURATION) DAYS

(Signed) R. Norris M.D.

Address Bayview Hospital

Date March 28 1907

Place of Burial Sacred Heart

Date March 29" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 99685 Registered No. B 99685 V

CERTIFICATE OF DEATH.

56

(Place of Death.) No. Francein Lyons Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Clarke

{Residence, if in Baltimore, Give Street and Number.} 1331 Ramsay St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas E. Clarke

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sarah. Clarke

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 N. Lombard

Filed 3/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from Mch 26 1907 that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Hyperaemia & Edema of the Brain

..... (DURATION) ..... DAYS

Contributory (Primary.) Alcoholism

Delirium Tremens (DURATION) ..... DAYS

(Signed) C Frank Jones M.D. Coroner Balto

Address .....

Date March 28th 1907

Place of Burial Loudon Park

Date Mar 30th 1907

Undertaker John J Fields

Address 1200 N Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99686

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99686

City of Baltimore, (No. 707, Bmn St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Kiesling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Mch Known 1 (Month) (Day) Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nat. Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Nat Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Miller

(Address) 707 Buren

Filed 5/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Mch 26 1907 that I last saw h[er] alive on Mch 26 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 4 DAYS

Contributory old age & Loss of Confinement to Bed (DURATION) 114 DAYS

(Signed) Hugh M Boring M. D.

5/27 1907 (Address) 834 Carlton E.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Trinity Cemetery | DATE OF BURIAL: May 29 1907

UNDERTAKER: C J Fanning | ADDRESS: 1958 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 99687 — Registered No. B 99687

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Craven

{Residence, if in Baltimore, Give Street and Number.} 642 S Green St

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: Thomas Cravens

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Buttonhole maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Craven

(Address) 642 S. Green St

Filed 3/29/07 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27. 1907

I HEREBY CERTIFY, That I attended deceased from March 8, 1907 to March 27. 1907

that I last saw her alive on March 26. 1907

and that death occurred, on the date stated above, at 3.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) — DAYS

Con ributory (Primary.) Sepsis (Comp. Exhaustion Insanity fracture of tibia)

(DURATION) — DAYS

(Signed) H M Owens Jr M.D.

Address Bay View Asylum

Date March 27. 1907

Place of Burial St Patricks Cem.

Date March 29 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 99688 — Registered No. B 99688

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rudolf Sauer

{Residence, if in Baltimore, Give Street and Number.} 1025 Linden St. Balto Md

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ...1...

AGE: 51 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/29/07 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12 1907 to March 28 1907 that I last saw him alive on March 28 1907, and that death occurred, on the date stated above, at 1:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T. B + exhaustion

6 mo (DURATION) DAYS

Contributory (Primary.) Pul. T. B.

6 mo (DURATION) DAYS

(Signed) R R Vonnik, M.D.

Address Bayview Hospt Balto Md

Date March 28 1907

Place of Burial St Peters

Date March 29 1907

Undertaker F. A. Krause & Bro

Address 713 Hanover St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

99689

Registered No. B 99689

CERTIFICATE OF DEATH.

(Place of Death.) No. 1312 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John James Duncan

{Residence, if in Baltimore, Give Street and Number.} 1312 W Mulberry St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Sept 10 1839

AGE: 67 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo Duncan

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Sarah Chapman

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan A Duncan

(Address) 1312 W Mulberry

Filed 3/29 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 27 1907

that I last saw him alive on March 26 1907

and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Contributory (Primary.) Apoplexy (DURATION) 2 DAYS

(Signed) W F Kemp M.D.

Address 8 W 25th

Date March 27 1907

Place of Burial Western Cemetary

Date March 29 1907

Undertaker E M Mitchell

Address 1201 N Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

99690

Ward ..... 99690 *Registered No. B* 99690

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.*

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Wolf

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: .....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 28 1907 that I last saw h— alive on March 28 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate

Mytral regurgitation

Chronic Diffuse

Nephritis Cortico

Sclerosis ..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date March 29 1907.

Place of Burial Laurel Cemetery

Date March 29 1907

Undertaker Theodore F White

Address 1702 Gough St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Number married, a certificate or single) of the person

Ward 7

Registered No. B 99691

99691

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Dorr

{Residence, if in Baltimore, Give Street and Number.} 5 E. Randall

Duration of Residence in Baltimore. 52 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 24th 1853

AGE: 54 years, 0 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Peter Dorr

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta M. Dorr

(Address) 5 E Randall St

Filed 3/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 27" 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 20 1907 to Mar. 27 1907

that I last saw h[illegible] alive on Mar. 26 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) N. Reid Hacker M.D.

Address 1228 E Chase

Date Mar. 28 1907

Place of Burial Loudon Park

Date March 30th 1907

Undertaker E Schloman & Son

Address 189 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B 99692

99692

CERTIFICATE OF DEATH.

(Place of Death.) No. 1446 Ward St. Balt. Md. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Ellen Matthews

{Residence, if in Baltimore, Give Street and Number.} 1446 Ward. St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Oct 25th 1906

AGE 6 years, 3 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Abraham Matthew

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Conner

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Matthew

(Address) 1446 Ward St

Filed 3/29 1907 HARRY C. ANDREWS, PERMIT CLERK; Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 — 1907

I HEREBY CERTIFY, That I attended deceased from March 21st 1907 to March 21st 1907 that I last saw h-er alive on March 21 1907, and that death occurred, on the date stated above, at 5 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

(DURATION) 5 DAYS

Contributory (Primary.) Scrofulous Diathesis (DURATION) From Birth

(Signed) Frank H. Kuhl M.D.

Address Lansdowne. Md.

Date March 27th 1907

Place of Burial Elkridge Landing Howard Co Md

Date March 29 1907

Undertaker Wm H Hooper

Address 609 Little Pacaut

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 99693 — Registered No. B 99693

CERTIFICATE OF DEATH.

(Place of Death.) No. 741 E. 22" St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michl E. Brennan

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 2d 1859

AGE: 48 years, 1 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Brennan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Fitzgerald

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M Brennan

(Address) 441 E 22d St

Filed 3/29 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate.) Cystopyelitis Ig Albuminuria Edema Acute

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Martin Luther Cohen M.D.

Address 1114 Chas St

Date 3-28-07 190

Place of Burial Cathedral Cemetery

Date March 30th 190 7

Undertaker Henry H. Means & Son

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 99694

99694

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 Vine Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Roosevelt ~~Cager~~ Cager

{Residence, if in Baltimore, Give Street and Number.} N.S.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Wh.

DATE OF BIRTH: 25th February 1906

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore -

FULL NAME OF FATHER: George Cager -

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Bertha Clarkson

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Cager

(Address) 1508 Vine St

Filed 3/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to ~~Mar 25~~ Mar 25 1907

that I last saw him alive on Mar 25 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Syphilitic).

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. Von Tamelhill jr. M.D.

Address Forest Dispensary

Date 29th 1907

Place of Burial Mt Auburn

Date March the 29 1907

Undertaker JAMES H. DENNIS,

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 99695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 99695

Registered No. B.....

City of Baltimore, (No. 27, Rose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bridget Rutherford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Jan. (Month) ? (Day) 1834 (Year)

AGE: 73. years, 2 months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Rose Ware

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Rutherford

(Address) 27 Rose St

Filed 3/29 1907 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 3-24-07 190 to 3-27-07 190

that I last saw him alive on 3-27-07 190,

and that death occurred, on the date stated above, at 4 o'clock P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 7 DAYS

Contributory Old age

(DURATION) ..... DAYS

(Signed) Harry W Gadden M. D.

3/27/07 190 (Address) 2631 Hillyard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: March 31 1907

UNDERTAKER: C. A. Kuckfield Jr. | ADDRESS: 2113 Greenmount Ave

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

Registered No. B 99696

99696

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillip T. Gray

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 28 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm F. Gray

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Katherine Cook

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAYVIEW ASYLUM.

Filed 3/29 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to March 28 1907 that I last saw h in alive on March 28 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T.B. + exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pul. T.B.

..... (DURATION) ..... DAYS

(Signed) R R Vossler M.D.

Address Bayview Hospital

Date March 28 1907

Place of Burial Cathedral Cem

Date March 30. 1907

Undertaker William Cook

Address 502 E. Hartford

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

99697 Registered No. B 99697

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Roeder

{ Residence, if in Baltimore, Give Street and Number. } ~~5 years~~ 1453 East Ave

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: June 24th 1823

AGE: 83 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday

(Address) BAY VIEW ASYL[illegible]

Filed 3/29 1907

HARRY C. [illegible]
PERMIT CL[illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from June 16 190[illegible] to March 28 1907

that I last saw h[illegible] alive on March 28 1907, and that death occurred, on the date stated above, at 5-15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of neck of femur (Right)

Senility, Enteric

Sclerosis (DURATION) DAYS

Contributory (Primary.) Hypostatic

Pneumonia (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date March 29 1907

Place of Burial Oak Lawn Cem.

Date April 1st 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue,

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 99698 — Registered No. B 99698

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 2322 E. Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Hildebrand

{ Residence, if in Baltimore, Give Street and Number. } 2322 E Monument St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: August 10 1878

AGE: 28 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Simon Hildebrand

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Stein

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hildebrand

(Address) 724 S. Broadway

Filed 3/29 1907 HARRY C. INDRAWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 28 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 28 1907 that I last saw him alive on March 27 1907, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 13 DAYS

Contributory (Primary.) Uraemia and Exhaustion (DURATION) 3 DAYS

(Signed) Adolph C. Eisenhauer M.D.

Address 2213 Orleans St

Date March 29. 1907

Place of Burial Mt. Carmel Cemetery

Date March 31st 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Caroline Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 5 — 99699 — Registered No. B 99699

CERTIFICATE OF DEATH.

(Place of Death.) No. 247 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Galaway

{ Residence, if in Baltimore, Give Street and Number. } 247 Chestnut St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Charles Galaway

BIRTHPLACE OF FATHER (State or country): Dalto

MAIDEN NAME OF MOTHER: Bertie Tasker

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Galaway

(Address) 1119 Thompson St

Filed 3/29 1907

HARRY O. ANI[illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on ... 190 ...,

and that death occurred, on the date stated above, at 8:46 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St

Date Mar. 29. 1907

Place of Burial Asbury

Date March 29 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 99/60 — Registered No. B 99/60

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Dickson

{Residence, if in Baltimore, Give Street and Number.} 107 Chestnut st.

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Dixon

(Address) 215 N Dallas St

Filed 3/29 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27, 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5

I. CAUSE OF DEATH (Secondary or Immediate) Uremia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. S. Taylor Coroner M.D.

Address 1216 N. Carolina st

Date Mar. 29, 1907

Place of Burial Woodlawn

Date March 29 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B ✓

99701

CERTIFICATE OF DEATH. 1907 151

(Place of Death.) No. St. Vincents Infant Asylum — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mentta Uller

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W.

DATE OF BIRTH Mar 2nd 1907

AGE ..... years, ... months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/29 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27th 1907

I HEREBY CERTIFY, That I attended deceased from March 2nd 1907 to March 27th 1907

that I last saw h... alive on ... 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) 25 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St.

Date March 28th 1907

Place of Burial Mt. Calvary ✓

Date Mar 30th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

99702 Registered No. B 99702

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Winslow

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: Mar 6th 1907

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/29 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1907

I HEREBY CERTIFY, That I attended deceased from March 8th 1907 to March 27th 1907

that I last saw h— alive on " 1907,

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

congenital Debility.

(DURATION) 25 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fiske M.D.

Address 7. E. Biddle St

Date March 28th 1907

Place of Burial New Cathedral

Date Mar 30th 1907

Undertaker Martin Fahey & Bro

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B 99703

99703

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Keenan

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH Mar 1st 1907

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) St. V. I. Asy

Filed 3/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 20th 1907

that I last saw h.. alive on " 1907,

and that death occurred, on the date stated above, at 1

P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fowler M.D.

Address 9. E. Fifth St.

Date March 20th 1907

Place of Burial New Cathedral

Date Mar 30th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

99704

Registered No. B 99704

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Vibiena Beston

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infnt. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Feb 18th 1907

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 3/29 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 27th 1907

that I last saw h alive on March 11 1907,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility -

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. A. Fraher M.D.

Address 9. E. Biddle St.

Date March 28th 1907

Place of Burial New Cathedral

Date Mar 30th 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

99705

Registered No. B 99705

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Matthias Reedon

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Feb 20th 1907

AGE: ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 3/28 1907 HARRY O. ANDREWS, PERMIT CLERK; Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 27 1907

that I last saw h[illegible] alive on 11 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St

Date March 28 1907

Place of Burial New Cathedral

Date Mar 30th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20

Registered No. B 99706

CERTIFICATE OF DEATH. 99706

(Place of Death.) No. 20 Washington st Howard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Wildberger

{Residence, if in Baltimore, Give Street and Number.} Lifetime at 20 Washington st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 25 1907

AGE: 1 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Fred Wildberger

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Wildberger

(Address) 20 Washington st

Filed 3/29 1907

JOHN C. RINARD, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 29 1907

that I last saw him alive on March 28 1907

and that death occurred, on the date stated above, at 5 — A. M. CAUSE OF DEATH (Secondary or Immediate)

Measles Complicated with Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Westcott M.D.

Address 227 Church ave

Date 190

Place of Burial St Johns Cem Parkton

Date March 30th 1907

Undertaker William Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 99707 — Registered No. B 99707

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 Washington St (Homestead) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Wiedberger

{Residence, if in Baltimore, Give Street and Number.} 20 Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ... 1 ...

AGE 1 years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fred Wiedberger

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Wiedberger

(Address) 20 Washington St

Filed 3/29 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 29 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Measles & Convulsions

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Louis Quinn M.D.

Address Coroners. Md.

Date Mar 29—07 190

Place of Burial St Johns Cem Parkton

Date March 30th 190

Undertaker William Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 99708

99708

CERTIFICATE OF DEATH.

36

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Lotz.

{Residence, if in Baltimore, Give Street and Number.} 231 Hughes St.

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) D.C.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John Lotz

(Address 231 Hughes St

Filed 3/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to March 29 1907

that I last saw her alive on March 29 1907

and that death occurred, on the date stated above, at 6:45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) DAYS

Contributory (Primary.) Senile

(DURATION) DAYS

(Signed) A. A. Dorsey M.D.

Address City Hospital

Date March 29 1907

Place of Burial Cedar Hill Cem

Date March 30 1907

Undertaker C. Schlaman & Son

Address 109 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the *cause and date of death.* notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... 9970⑤ Registered No. B 99709

CERTIFICATE OF DEATH.

(Place of Death.) No. 431-W-2381. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Slater.

{ Residence, if in Baltimore, Give Street and Number. } 431 W-2381.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 27 1907

AGE: ..... years, ... months, Two days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): 431-10-23 St.

FULL NAME OF FATHER: Charles Sardner Slater

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Rosana Stocker O'Rourke

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Sardner Slater

(Address) 431- W 23 St.

Filed 3/29 1907

BARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 27 1907 to Mar. 29 1907 that I last saw h.. alive on Mar. 29 1907, and that death occurred, on the date stated above, at 12 M.

..... M. CAUSE OF DEATH (Secondary or Immediate)

This child was prematurely delivered on account of Case of Placenta Previa. Intra Uterine life 6 mo.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Roscoe Ls. Ross M.D.

Address 2726 Huntingdon Ave

Date March 29- 1907

Place of Burial Holy Cross

Date March 29 1907

Undertaker C. A. F. Rhullin

Address 1711 Mad-ar

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99740

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1033, Watson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes Kretman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 29 (Month) (Day) 1877 (Year)

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Duffy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Duffy

(Address) 1033 Watson.

Filed 3/29 1907

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 28th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to March 28 1907 that I last saw h.. alive on March 28 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Heart failure due to ~~endo~~ acute endocarditis

(DURATION) 10 DAYS

Contributory unknown

(DURATION) ..... DAYS

(Signed) A. Palmisano M. D.

March 28 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Vincent | DATE OF BURIAL: Mar 30 1907

UNDERTAKER: Globe Funeral | ADDRESS: Bway.

C. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 99711 — Registered No. B 99711

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isabelle Barton

{Residence, if in Baltimore, Give Street and Number.} 1720 Hopkins Ave.

Duration of Residence in Baltimore. 6 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Nov. 8, 1838

AGE: 68 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Abraham Teague

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ann Tinsley

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Hous Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Boire

(Address) 1720 Hopkins ave

Filed 3/29 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27, 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 27 1907 that I last saw h as alive on March 27, 1907 and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAY

(Signed) John T. Avery M.D.

Address 1823 N Broadway

Date March 28 1907

Place of Burial Bells Cemetery

Date Mar 31 1907

Undertaker Platt Thomas

Address Bway. Valden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 99712

99712

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick W. Dreier

{Residence, if in Baltimore, Give Street and Number.} 311 S. Bond St.

Duration of Residence in Baltimore. 5

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dreier

(Address) 311 S Bond St

Filed 3/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 27 1907

that I last saw him alive on March 27 1907.

and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver

(DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date March 28 1907

Place of Burial Balto Cem

Date Mar 30 1907

Undertaker Wendell Dryfoos & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 99713 Registered No. B 99713

CERTIFICATE OF DEATH.

(Place of Death.) No. 661 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ringgold Chase

{Residence, if in Baltimore, Give Street and Number.} 661 W Mulberry St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col

DATE OF BIRTH Mont Hurd 1

AGE 46 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Noah Chase

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Milly Neale

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J H Bishop

(Address) 1107 Druid

Filed 3/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday March 28th 1907

I HEREBY CERTIFY, That I attended deceased from March 28th 1907 to March 28th 1907

that I last saw h him alive on March 28 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage of Lungs

(DURATION) 1 DAYS

Con'ributory (Primary.) Acute Congestion of Lungs

(DURATION) 1 DAYS

(Signed) J H Black M.D.

Address 607 N. Charles St

Date March 29th 1907

Place of Burial Laurel Cemetery

Date March 31st 1907

Undertaker John A. Bishop

Address 1107 Druid Lane

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 99714 — Registered No. B 99714

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 Rock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marion Atwood

{Residence, if in Baltimore, Give Street and Number.} 202 Rock St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem — COLOR Col'd

DATE OF BIRTH Sept 12 1882

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Hugh Atwood

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Atwood

(Address) 202 Rock St

Filed 3/29/07 190 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 28 1907

that I last saw h... alive on March 28 1907.

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

1 yr (DURATION) ... DAYS

Con'tributory (Primary.) Anaemia

30 days (DURATION) ... DAYS

(Signed) T L Norwood M.D.

Address 939 N Fulton Ave

Date March 28 1907

Place of Burial Mt Auburn

Date March 29 1907

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

deceased, and the *cause and date of death.*

Ward 9 — 99715 — Registered No. B 99715

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 N Dulaw St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joane Simms

{ Residence, if in Baltimore, Give Street and Number. } 1117 N Dulaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 3/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sundsen ?

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fredk Cummins M.D.

Address Coroners Office

Date Mar 28 1907

Place of Burial Mt Hope

Date March 30 1907

Undertaker P. F. Elliott

Address 506 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99716 Registered No. B 99716

CERTIFICATE OF DEATH.

(Place of Death.) No. 47 E Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Green

{Residence, if in Baltimore, Give Street and Number.} 47 E Hughes St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Stock carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Green (wife)

(Address) 47 E Hughes St

Filed 3/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. McGuinand M.D.

Address Coroner

Date March 28. 1907

Place of JOHNS HOPKINS HOSPITAL

Date Mar 28 1907

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

107

Ward 1 — 99717 — Registered No. B 99717

CERTIFICATE OF DEATH.

152

(Place of Death.) No. 926 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of ~~Lucia Roy~~ Geo H and Maria Roy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: ....years, ...months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George H Roy

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Maria Muse

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Roy

(Address) 926 McHenry St

Filed 3/30 1907

HARRY C. ANDREWS, PERMIT CLERK: Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28. 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to March 28 1907 that I last saw h.... alive on March 28 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Haemorhage from umbilical cord

(DURATION) .... DAYS

Con'ributory (Primary.)

(DURATION) .... DAYS

(Signed) F. C. Bodenbergh M.D.

Address Johns Hopkins Hospital.

Date March 28 1907

Place of Burial Laurel

Date March 30, 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 99718

99718

CERTIFICATE OF DEATH.

106

Place of Death.) No. 1035 W Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G Buechert

{ Residence, if in Baltimore, Give Street and Number. } 1035 W Barre

Duration of Residence in Baltimore. 43 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	March 16 1849
AGE	60 years 1 months 1/2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Godfried [illegible]ehent
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Barbara Buechert

(Address) 1235 Barre St

Filed 3/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 28 1907

that I last saw h[illegible] alive on March 26 1907

and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Edema

(DURATION) 2 DAYS

(Signed) Edward [illegible] M.D.

Address 517 Lanvale

Date March 29 1907

Place of Burial Baltimore Cem

Date March 31 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — 99719 — Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew M Crafton

{Residence, if in Baltimore, Give Street and Number.} 914 N Washington St.

Duration of Residence in Baltimore. 3

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Crafton

(Address) 914 N. Washington st

Filed 3/30 1907 — HARRY C. ANDREWS, PERMIT CLERK: Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1907

I HEREBY CERTIFY, That I attended deceased from March 24 1907 to March 29 1907

that I last saw him alive on March 29 1907

and that death occurred, on the date stated above, at 6.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) S. S Crouse M.D.

Address Johns Hopkins Hospital

Date 3-29 1907

Place of Burial Mt Carmel Cemetary

Date March 31st 1907

Undertaker William T. Hartley

Address 2010 Madison st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B 99720

99720

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 N Patterson Pk Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Smith

{Residence, if in Baltimore, Give Street and Number.} 107 N Patterson Pk Ave

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR NS

DATE OF BIRTH July 1 1870

AGE 34 years, 9 months, days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Lewis Smith

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Francis Fahner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas C Smith

(Address) 1821 E Pratt St

Filed 3/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH march 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to march 27 1907 that I last saw her alive on march 27 1907, and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Dearn M.D.

Address 176 Milton ave

Date march 27 1907

Place of Burial Int. Carmelite

Date Mar. 30th 1907

Undertaker Jno A Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 99721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15/V

CERTIFICATE OF DEATH.

Registered No. B 99721

City of Baltimore, (No. 1720 N. Bradford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlotte Grausee.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. (Month) 26 (Day) 1907 (Year)

AGE: ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Grausee

BIRTHPLACE OF FATHER (State or country): Balto. County

MAIDEN NAME OF MOTHER: Mary Hoffeld.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Grausee

(Address) 1720 N. Bradford St.

Filed 3/30 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 27th 1907 to March 29th 1907

that I last saw h[illegible] alive on March 28th 1907,

and that death occurred, on the date stated above, at 3 P.M.

.....M. The CAUSE OF DEATH was as follows:

Exhaustion
Premature birth

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. E. Bolton M. D.

March 30th 1907 (Address) 1504 E. Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	March 30 1907
UNDERTAKER	**ADDRESS**
A. Fink & Son	915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 99722 — Registered No. B 99722

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 W Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dennis Bankerd

{Residence, if in Baltimore, Give Street and Number.} 711 W Franklin St

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — 1

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: John Bankerd

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Bankerd

(Address) 711 W. Franklin St

Filed 3/30 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Mch 29 1907 that I last saw him alive on Mch 28 1907, and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Haemoptysis

(DURATION) 12 Min

Contributory (Primary.) Mitral Regurg (DURATION) 2 29 DAYS

(Signed) August Hom M.D.

Address 25th & Howard St

Date March 29th 1907

Carroll Co Union Bridge

Place of Burial Frederick Md

Date April 1st 1907

Undertaker Geo J Smith & Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 99723 — Registered No. B 99723

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Rich

{Residence, if in Baltimore, Give Street and Number.} 1103 Raborg St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Unk 1

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Porto Rico W. I.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) West Indies

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Rich

(Address) 1103 Raborg St

Filed 3/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Mch 29 1907

that I last saw h— alive on Mch 28 1907

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Carcinoma

6 mos (DURATION) ... DAYS

Con'ributory (Primary.) Asthenia

2 mos (DURATION) ... DAYS

(Signed) J J Howard M.D.

Address 2300 Fayette St

Date Mch 29 1907

Place of Burial Mt. Auburn Cem

Date March 31 1907

Undertaker John H. Toadvine

Address 1424 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **full name**, sex, **age**, **condition** (whether married or single) of the person notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99724 — Registered No. B 99724

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lunnie Jenkins.

{Residence, if in Baltimore, Give Street and Number.} 841 Stockholm St.

Duration of Residence in Baltimore. 18.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Mr. Broden.

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Maria:

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Dennis

(Address) 841 Stockholm St.

Filed 3/30 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 28, 1907

I HEREBY CERTIFY, That I attended deceased from Mar 11, 1907 to Mar 28 1907 that I last saw her alive on Mar 28 1907, and that death occurred, on the date stated above, at 11-55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

C ?

(DURATION) ? DAYS

Contributory (Primary.) Asthenia

(DURATION)) DAYS

(Signed) O. E. Tenney M.D.

Address Md. Gen Hosp

Date Mar 28, 1907

Place of Burial Mt. Zion Cem.

Date March 30 1907

Undertaker J. Shuff Woodson

Address 1426 W. Fleet St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 99725 Registered No. B 99725

CERTIFICATE OF DEATH.

(Place of Death.) No Main Ave near Oakfield Forest Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta C Wallis Hall

{Residence, if in Baltimore, Give Street and Number.} Main ave Forest Park

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 20th 1876

AGE 30 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Kent Co Md

FULL NAME OF FATHER Loredolph Wallis

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie B Hurlock

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R Bullen

(Address) Forest Park

Filed

Mar 30 1907 Registrar

GCW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to Mch 28 1907 that I last saw h[illegible] alive on Mch 28 1907, and that death occurred, on the date stated above, at 11 Am.

M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) Duncan MacLennan M.D.

Address 110 W Madison Ave

Date Mch 29 1907

Place of Burial London Park

Date March 31st 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99726 Registered No. B 99726

CERTIFICATE OF DEATH.

(Place of Death.) No. 1422 Mt. Royal Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Breedlove

{ Residence, if in Baltimore, Give Street and Number. } 1422 Mt. Royal Ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 23rd 1842

AGE: 64 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " do

MAIDEN NAME OF MOTHER: " do

BIRTHPLACE OF MOTHER (State or country): " do

OCCUPATION OF DECEASED: Jail Carving Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. W. Griffin

(Address) 1422 Mt. Royal Ave

Filed Mar 30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to March 29 1907

that I last saw h~~im~~ alive on March 29 1907

and that death occurred, on the date stated above, at 11 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis. interstitial

(DURATION) DAYS

Contributory (Primary.) Nephritis, interstitial

(DURATION) DAYS

(Signed) Dilbur P. Morgan M.D.

Address 313 W Monument St

Date March 29. 1907

Place of Burial: Holy Redeemer Cemetery

Date April 1st 1907

Undertaker: Stewart & Mowen Co

Address 215-217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99727

City of Baltimore, (No. 2730, Penna Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Shuster,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 21 (Day) 1866 (Year)

AGE: 40 years, 5 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Henry Freyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Meisinger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Shuster

(Address) 2730 Penna. ave

Filed Mar 30 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 24 1907 to March 29 1907

that I last saw her alive on March 29 1907.

and that death occurred, on the date stated above, at 10 a M. The CAUSE OF DEATH was as follows:

Brights Disease

Some Years (DURATION) ~~DAYS~~

Contributory

(DURATION) DAYS

(Signed) John B. Ruby M. D.

Mar 29 1907 (Address) 2138 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: 3/31/1907

UNDERTAKER: G. F. Walker — ADDRESS: 723 W Lafayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 99723

City of Baltimore, (No. # 210, S Sharp St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George S Kelinskie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 21 (Day) 1907 (Year)

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt md

FULL NAME OF FATHER: Geo S Kilinskie

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: May King

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Geo S Kinlisk

(Address) 210 S Sharp St

Filed Mr 30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to March 29 1907

that I last saw him alive on Mch 27 1907,

and that death occurred, on the date stated above, at 10 P M. The CAUSE OF DEATH was as follows:

Jaundice Neonatorum

(DURATION) 9 DAYS

Contributory Asthma

1 (DURATION) 2 DAYS

(Signed) G. S. Freeman M. D.

3/30 1907 (Address) 668 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Alphonsus

DATE OF BURIAL: March 31 1907

UNDERTAKER: F S Frick

ADDRESS:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — Registered No. B 99[illegible]

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 228 Morling ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin Elsworth Heubeck

{Residence, if in Baltimore, Give Street and Number.} 228 Morling ave D.99729

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 1 1905

AGE: 1 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Geo. F. Heubeck

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mary E Hammond

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Heubeck

(Address) 228 Morling Ave

Filed Mar 30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 29 1907 that I last saw him alive on March 29 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Convulsions

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) 5 DAYS

(Signed) D. H. Smith M.D.

Address 206 - 3rd ave

Date March 30th 1907

Place of Burial St. Marys Homewood

Date March 31st 1907

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 99730 Registered No. B 99730

1384

CERTIFICATE OF DEATH.

(Place of Death.) No. Woodlawn General Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Myrtle Rauh

{Residence, if in Baltimore, Give Street and Number.} 25 Rure St. Woodbourne Baltimore

Duration of Residence in Baltimore... 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1887

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo B. Rauh

BIRTHPLACE OF FATHER (State or country) W. Va

MAIDEN NAME OF MOTHER Sarah E. Fleming

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Mar 30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 28 1907

I HEREBY CERTIFY, That I attended deceased from Mar 28 1907 to Mar 28 1907

that I last saw h alive on Mar 28 1907 1130

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

Puerperal Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Pregnancy.

(DURATION) 2 DAYS

(Signed) W. G. Jack M.D.

Address Mt Hygeia Hosp

Date Mar 29 1907

Place of Burial Baltimore Co

Date April 1 — 1907 190

Undertaker Chas E Franch

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 — 99731 — Registered No. B 99731 ✓ 112

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs [redacted] Loretta B. Gorey

{Residence, if in Baltimore, Give Street and Number.} 2607 Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Sex~~ Female — COLOR: White

DATE OF BIRTH: July 2 1877

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter F Murphy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Carroll

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Gorey

(Address) 2607 E. Fayette St

Filed Mar 30 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 30 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to March 30 1907 that I last saw her alive on March 30 1907, and that death occurred, on the date stated above, at 1 22 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia / Labor

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Cirrhosis of Liver

Nephritis (DURATION) DAYS

(Signed) Chas L Emerson M.D.

Address St Joseph Hospital

Date March 30 1907

Place of Burial London Park Cem

Date April 1 — 1907

Undertaker Chas. E. Franck

Address 946 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

99732

Registered No. B 99732

CERTIFICATE OF DEATH.

(Place of Death.) No. 1147 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 104

Full Name Ora Rice

{Residence, if in Baltimore, Give Street and Number.} 1147 N. Calhoun St

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col'd.

DATE OF BIRTH 1871

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Harford Co.

FULL NAME OF FATHER Fred'y Rice

BIRTHPLACE OF FATHER (State or country) Harford Co.

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) not known.

OCCUPATION OF DECEASED House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Young

(Address) 1147 N. Calhoun

Filed 3/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to March 29 1907 that I last saw h alive on March 29 1907 and that death occurred, on the date stated above, at 11.3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 3 DAYS

Con'tributory (Primary.)

Heart failure (DURATION) 1 DAYS

(Signed) J. E. Staughton M.D.

Address 2506 Pennsylvania Ave.

Date March 30 1907

Place of Burial Union Cemetery Perryman Harford Co. Md.

Date March 31st 1907

Undertaker Saml. H. Chase

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

99733

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B99733

City of Baltimore, (No. 815 Webster alley St.; 10th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Britton

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: black

DATE OF BIRTH: April (Month) (Day) 1907 (Year)

AGE: ____ years, 11 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harry Britton

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Bertie Emerson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Anderson

(Address) 815 webster alley

Filed 3/30 1907

HARRY O. ANDERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 29th 1907 to March 29 1907 that I last saw her alive on March 29th 1907, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Convulsions

3 hours (DURATION) DAYS

Contributory bronchitis, fever, rash, (DURATION) 7 DAYS

(Signed) Frank E. Brown M. D.

March 30 1907 (Address) 926 E. Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: March 30 1907

UNDERTAKER: O'Neill Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

99734

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99734

Registered No. B

City of Baltimore, (No. 1053 E Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Hosfn

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March (Month) 30 (Day) 1904 (Year)

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Bessie Hosfn

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. C. Peterson M.D.

(Address) 1059 E Broadway

Filed 3/30 1907

HARRY C. ANDRAE, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to March 30 1907 that I last saw her alive on 30 March 1907, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Marasmus or Wasting disease

About (DURATION) 30 DAYS

Contributory Constitutional Causes

Life time (DURATION) DAYS

(Signed) E. C. Peterson M.D.

March 30 1907 (Address) 1059 E Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters Cem

DATE OF BURIAL 3-31 1907

UNDERTAKER Robt Brooks & Son

ADDRESS Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE 99735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 99735

Registered No. B.....

City of Baltimore, (No. 1014 N. Patterson Park Ave.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Estelle Kenwood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 27 (Day) 1892 (Year)

AGE: 14 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): America

FULL NAME OF FATHER: William J. A. Kenwood

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Margaret A. Keith

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Henry R. Brandauer

(Address) 1017 N. Patterson Park Ave.

Filed 3/30 1907

HARRY O. ANDRAE, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 29 1907 that I last saw h[er] alive on March 29 1907, and that death occurred, on the date stated above, at 7:15 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

Peritonitis

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Howard E. Hodgson, M. D.

March 30 1907 (Address) 737 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Pk	March 1907
UNDERTAKER	ADDRESS
Clark & Tennis	1 May Place

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 99736 — Registered No. B 99736

CERTIFICATE OF DEATH.

10 ✓

(Place of Death.) No. 1431 Federal St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George W Vinton.

{Residence, if in Baltimore, Give Street and Number.} 1431 Federal

Duration of Residence in Baltimore. Fifty

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 20 1855
AGE	51 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Geo W Vinton
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Insurance

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie D Vinton

(Address) 1431 Federal

Filed 3/30 1907 ✓

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to March 28 1907 that I last saw h— alive on March 28 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe.

(DURATION) DAYS

Contributory (Primary) Heart Failure

(DURATION) DAYS

(Signed) Geo Fryer M.D.

Address 1735 McCulloh

Date March 30 1907

Place of Burial Greenmount

Date April 1 1907

Undertaker Robt J Sumner

Address 19 Troy, Raliegh

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 99737

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 S. Sloctton St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Richardson

{ Residence, if in Baltimore, Give Street and Number. } 109 S Sloctton

Duration of Residence in Baltimore. Life

B 99737

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER George Mavis

BIRTHPLACE OF FATHER (State or country) — Md

MAIDEN NAME OF MOTHER — Dorsey

BIRTHPLACE OF MOTHER (State or country) — Md

OCCUPATION OF DECEASED Shaves Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Lewis

(Address) 523 Aisquith St

Filed MAR 31 1907 HARRY O. ANDREWS PERMIT CLERK

Mch 31 1907 E.S.K.R. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 ..... that I last saw h ..... alive on ..... 190 ..... and that death occurred, on the date stated above, at 1030

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy

Contributory (Primary) Arteriosclerosis (DURATION) Unknown DAYS

(Signed) Thos. Jones M.D.

Address Coroners Office

Date March 29 1907

Place of Burial Laurel Cemetery

Date March 31. 1907

Undertaker R. McElliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 99738

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 935 Pagus Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel O. Parraway

{Residence, if in Baltimore, Give Street and Number.} 935 Pagus Court

Duration of Residence in Baltimore. Life

B 99738

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	— — 1
AGE	37 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Oliver Parraway
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Estella Clerkes
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Clerkes

(Address) 935. Pagus St.

Filed Mch 31 1907

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 28th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 15th 1907 to Mch 28th 1907

that I last saw h[illegible] alive on Mch 27th 1907,

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema
Asthmia.

(DURATION) 30 DAYS

Contributory (Primary.) Asthama.

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Mch 28th 1907

Place of Burial Laurel

Date March 31 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 99739

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Koczek

{Residence, if in Baltimore, Give Street and Number.} 1617 E. Aliceanna St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 29 1907

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph Koczek

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Frances Cywinski

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Koczek

(Address) 1617 Aliceanna St

Filed Mch 31 1907

HENRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thos Sudlow Coroner M.D.

Address 320 E Lanvale St

Date 190

Place of Burial Holy Rosary.

Date Sunday March 31 1907

Undertaker M F Padowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 99740

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1826 Alice Anna St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Zymuchi

{ Residence, if in Baltimore, Give Street and Number. } Same as above

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Zymicki.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Grocerman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Kate Zymicki

(Address) 1826 Alicanna St

Filed Mch 31 1907

C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 4th 1907 to March 29th 1907 that I last saw h alive on Mar 29th 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

I do not know (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. T. Scudder M.D.

Address 2 E Pattison St Balto

Date March 30th 1907

Place of Burial Holy Rosary.

Date Monday April 1st 1907

Undertaker M. F. Padrowski

Address 403 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward I

Registered No. B 99741 V

99741

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Wilson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1827

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Michael Hoffman

BIRTHPLACE OF FATHER (State or country): Pennsylvania.

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Pennsylvania.

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/31 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30. 1907

I HEREBY CERTIFY, That I attended deceased from March 21, 1907 to March 30 1907 that I last saw her alive on March 29 1907, and that death occurred, on the date stated above, at 2 a.c. a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Hypostatic pneumonia (DURATION) 3 DAYS

(Signed) W. L. Brent, M.D.

Address Bay View Asylum

Date March 30. 1907

Place of Burial Greenmount Station Md

Date March 1907

Undertaker Jos Stumpfeck Jr

Address 1318 Light St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B 99742

99742

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Isaacson

{Residence, if in Baltimore, Give Street and Number.} 1627 E Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E. M. Evans

(Address) Johns Hopkins Hosp.

Filed 3/31 1907 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to March 29 1907

that I last saw h[illegible] alive on March 29 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anaemia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm MacCallum M.D.

Address Johns Hopkins Hospital

Date 3/30 1907

Place of Burial Mt. Carmel. Cremation

Date MAR 31 1907 1907

Undertaker Wm. L. Foy.

Address 321 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 99743 Registered No. B 99743

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Strect and Number)

Full Name Joseph R. Maccubbin

{Residence, if in Baltimore, Give Street and Number.} 1521 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 15 1848

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thos C. Maccubbin

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Sarah E Jones

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cassandra Maccubbin

(Address) 1521 N Broadway

Filed Mar 31 1907 HARRY C. ANDRAWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 29. 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to Mch. 29. 1907 that I last saw h[im] alive on " " 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (DURATION) 7 DAYS

Con'ributory (Primary.) Chronic interstitial Nephritis (DURATION) 6 mos

(Signed) Geo A Hartman M.D.

Address 1121 N Caroline St

Date Mch. 31. 1907

Place of Burial Greenmount

Date Apl 1 1907

Undertaker Robt J Turnbaugh

Address 1121 N Broadway Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 99744

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 265 Gasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice J Chapman

{Residence, if in Baltimore, Give Street and Number.} 205 Gasper St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 42 years, ... months, ... days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: John Lapinglove

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Cooper

(Address) 205 Gasper St.

Filed Mar 31 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29th 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1906 to March 29 1907 that I last saw h in alive on March 29 1907, and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs

(DURATION) 365 DAYS

Contributory (Primary.) Dysentery (DURATION) 7 DAYS

(Signed) Frank Wyeman M.D.

Address 322 N Greene St.

Date March 30th 1907

Place of Burial Laurel Cemetery

Date April 1st 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 99745 Registered No. B 99745

CERTIFICATE OF DEATH.

119 ✓

(Place of Death.) No. 302 1 ~~East~~ Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~David Peterson~~ Svend Pederson

{ Residence, if in Baltimore, Give Street and Number. } 302 1 ann

Duration of Residence in Baltimore. 1 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: m | COLOR: W

DATE OF BIRTH: Nov. 26 1868

AGE: 39 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: Klund Pedersen

BIRTHPLACE OF FATHER (State or country): Norway

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Norway

OCCUPATION OF DECEASED: Rigger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tessa Pedersen

(Address) 302 S. Ann St.

Filed Mar 31/1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to March 30 1907

that I last saw h~~im~~ alive on March 29 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

acute Nephritis

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date March 30 1907

Place of Burial St. Vincents Cem.

Date April 1st 1907

Undertaker John A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 99746 Registered No. B 99745 ✓

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817 W. Mulberry St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma M Pittroff

{Residence, if in Baltimore, Give Street and Number.} 1817 W. Mulberry St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1864
AGE	42 years, 6 months, 27 days
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~	Widowed
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	John Glaeser
BIRTHPLACE OF FATHER (State or country)	Europe
MAIDEN NAME OF MOTHER	Anna M. Pieb
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Pittroff

(Address) 1817 W. Mulberry St.

Filed Mar 31 1907 Registrar

ECW

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	March 29, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1906 to March 29 1907 that I last saw her alive on March 29 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 4 DAYS

Contributory (Primary.) Asthma

eight (DURATION) Weeks DAYS

(Signed) G. A. Mure M.D.

Address 1034 Edmondson Ave.

Date March 31, 1907 ✓ 190

Place of Burial Baltimore Cemetery

Date April - 1st 1907

Undertaker Wm M Gauntlett

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 99747 Registered No. B [illegible]

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1407 Smith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jas. E. Gross

{Residence, if in Baltimore, Give Street and Number.} 1407 Smith St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Jan. 9th 1904

AGE: 3 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Eddie Gross

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Adella Griffin

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adella Griffin

(Address) 1407 Smith St

Filed Mar 31 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 27th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Lilian Barrow M.D.

Address 700 Laz. av. Corner

Date Mar. 29th 1907

Place of Burial Mt Pleasant

Date March the 31 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

W. M. J. C. BULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

137 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99748

City of Baltimore, (No. 1722 W. Lanvale St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Ike Jackobs

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Barners

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Cohen

(Address) 1722 W Lanvale st

Filed Mar 31 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 30 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 30 1907 that I last saw h[er] alive on March 30 1907, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

The result of Septicaemia following Criminal Abortion

(DURATION) 5 DAYS

Contributory Result of injection

(DURATION) ..... DAYS

(Signed) A L Davis M. D.

March 30 1907 (Address) 900 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Rd Rosedale | DATE OF BURIAL: Mar 31 1907

UNDERTAKER: Max Levinson | ADDRESS: 1620 McElderry

This Case was in the hands of a Midwife

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 99749 Registered No. B 99749

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 Hanover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McNancy

{Residence, if in Baltimore, Give Street and Number.} 1405 Hanover St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jos McNancy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER do not Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 123 E William

Filed Mar 31 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28st 1907

I HEREBY CERTIFY, That I attended deceased from March 18th 1907 to March 28 1907

that I last saw h alive on March 28th 1907

and that death occurred, on the date stated above, at P M. CAUSE OF DEATH (Secondary or Immediate)

Brights

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 10 DAYS

(Signed) T J O'Donnell M.D.

Address 1340 S Charles

Date March 30th 1907

Place of Burial New Cathedral

Date 1907

Undertaker John J Fahey

Address 123 E William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99750 Registered No. B .....

CERTIFICATE OF DEATH. 99750

(Place of Death.) No. 1735 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 29 V

Full Name Lewis L. Kohler

{Residence, if in Baltimore, Give Street and Number.} 1735 Fairmount ave.

Duration of Residence in Baltimore..... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Albert Kochler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk Kochler

(Address) 1735 Fairmount Ave

Filed 4/1 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Mar 28 1907 that I last saw h[illegible] alive on Mar 27 1907 and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Broken Compensation

(DURATION) 1 y DAYS

Contributory (Primary.) Myocarditis

(DURATION) 41 DAYS

(Signed) J. C. Bladel M.D.

Address 1121 Jackson Place

Date 1907

Place of Burial Holy Redeemer

Date Apr 1st 1907

Undertaker Rudell Lipsel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 + Registered No. B 99751

50 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Annie A. Shade

{ Residence, if in Baltimore, Give Street and Number. } Westminster Md.

B. 99751

Duration of Residence in Baltimore. two weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar. 25 - 1837

AGE 70 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Rockville Md

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) Rockville Md

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Shaw

(Address) Westminster Md

Filed April 1st 1907 JOHN C. ANDREWS CHIEF CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 31 1907

that I last saw h alive on March 31 1907,

and that death occurred, on the date stated above, at 2 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of Left foot and leg caused by Diabetes

(DURATION) 5 Weeks

Contributory (Primary.) Diabetes

Cause (DURATION) 2 DAYS

(Signed) Lundsted Pumeary M.D.

Address 812 Park Ave

Date March 31 1907

Place of Burial West minister Md

Date April 2d 1907

Undertaker Geo Lewis Undertaker

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate of death, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, the ***cause and date of death.***

Ward W 99752 Registered No. B 99752

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 N. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Lisckinsky

{Residence, if in Baltimore, Give Street and Number.} 711 N. Lombard St - (2nd Floor)

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept - 1906

AGE: ... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 711 N. Lombard St

FULL NAME OF FATHER: Geo. Lisckinsky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 711 N. Lombard St

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to Date 190 — that I last saw him alive on March 30 1907 and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. F. Muckold M.D.

Address 504 S. Paca St -

Date March 31 1907

Place of Burial Holy Redeemer

Date April 1st 1907

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9.30 am

Ward 10 59153 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 256 N. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel Barton

{Residence, if in Baltimore, Give Street and Number.} 256 N. Schroeder St

Duration of Residence in Baltimore. 40 yrs

B. 99753

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unk 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER do

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Brown

(Address) 233 N Carey St

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Mch 29 1907

that I last saw h alive on Mch 28 1907

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Dis of Heart

Atheromatous Degeneration

(DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) H Howard M.D.

Address 1307 W Fayette

Date Mch 29 1907

Place of Burial Mt Auburn Cemetery

Date April 1 1907

Undertaker P C Elliott

Address 2406 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 99754 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1115 N. Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Williams

{Residence, if in Baltimore, Give Street and Number.} 1115 Woodyear st.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Ed

DATE OF BIRTH May 18th 06 1

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas H Williams

BIRTHPLACE OF FATHER (State or country) Prince George Co

MAIDEN NAME OF MOTHER Rosie Stearns

BIRTHPLACE OF MOTHER (State or country) Prince George Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Williams

(Address) 1115 N Woodyear St

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 31 1907 that I last saw h im alive on March 30 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date March 31 1907

Place of Burial St Peters

Date April 1st 190

Undertaker Coleman & Wright

Address 1364 N Carey Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

Registered No. B 99755

99755

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. 2100 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick C. W. Schmelzer

{ Residence, if in Baltimore, Give Street and Number. } 2100 Boyd

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 15th 1904

AGE 2 years, 3 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Otto Schmelzer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Eliz. Knopp.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eliz. Schmelzer

(Address) 2100 Boyd St.

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 15th 1907 to March 29th 1907 that I last saw him alive on Mar. 29th 1907, and that death occurred, on the date stated above, at 11. P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 60 DAYS

Contributory (Primary.) Chr. Broncho-pneumonia (DURATION) 120 DAYS

(Signed) Dr E. A. Knott M.D.

Address 1727 W. Lombard st.

Date March 30th 1907

Place of Burial Loudon Park

Date April 1. 1907

Undertaker Mrs Geo P Pavlus

Address 211 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99756

City of Baltimore, (No. 922, N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie Evelyn Cameron

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 18 (Day) 1903 (Year)

AGE: 3 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Herbert Cameron

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: E. MacCook

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert W. Cameron

(Address) 922 N. Mount St.

Filed 4/1 1907

HENRY C. ANDRAE
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1907 to Mar. 30 1907

that I last saw h[illegible] alive on Mar. 30 1907,

and that death occurred, on the date stated above, at 4.20 P. M. The CAUSE OF DEATH was as follows:

Phthisis, Bronchio-Pneumonia
Phthisis Florida

About 8 weeks (DURATION) 6 DAYS

Contributory Marasmus

(DURATION) 2 DAYS

(Signed) H. Herbert Keech, M. D.

Mar. 31 1907 (Address) 876 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery. DATE OF BURIAL: Apl 1st 1907

UNDERTAKER: Bertram W. Gore ADDRESS: 1423 Pulaski Hgts.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99757 Registered No. B .....

CERTIFICATE OF DEATH.

Place of Death.) No. 2442 Woodbrook Ave St.

* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lottie Leib Roberts.

{ Residence, if in Baltimore, Give Street and Number. } 2442 Woodbrook Ave.

Duration of Residence in Baltimore. 15 yr.

B 99757

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 4th 1861

AGE 45 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Francis L Cramer

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roberts T. Roberts.

(Address) 1442 Woodbrook Ave

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to March 1907 that I last saw her alive on March 31 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

1 year (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Joseph L Garrison M.D.

Address 848 N. North Ave

Date March 31, 1907

Place of Burial Prospect Cemetery Towson

Date April 2nd 1907

Undertaker Buchanan & Sons

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99758

City of Baltimore, (No. 141, Harford road St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lawrence Elgenfritz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: March 29, 1907 (Month) (Day) (Year)

AGE: — years, — months, Three days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Albert L. Elgenfritz

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Margaret R. Connolly

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Elgenfritz

(Address) In. 141 Harford road

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 29, 1907 to March 31, 1907 that I last saw him alive on March 31, 1907, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) R. A. Elsewell, M. D.

March 31, 1907 (Address) 1741 Harford ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery | DATE OF BURIAL: April 1 1907

UNDERTAKER: Henry Hoeckdoerfer | ADDRESS: 1301 E. Eager

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 99759

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 Holbrook St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

• Full Name Christina Zimmerman

{ Residence, if in Baltimore, Give Street and Number. } 1403 Holbrook St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1

AGE her 90 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Zimmerman

(Address)

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30, 1907

I HEREBY CERTIFY, That I attended deceased from March 27, 1907 to March 30, 1907 that I last saw h.. alive on " " 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Edema & Hemps

Debility (DURATION) Three DAYS

Contributory (Primary.)

Senility (DURATION) DAYS

(Signed) Geo H Hartman M.D.

Address 112 N Caroline St.

Date March 30, 1907

Place of Burial Baltimore Cemetery

Date April 2nd. 1907

Undertaker Henry Hoeck Sons

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 99760 Registered No. B 1707

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chapman Jordan —

{ Residence, if in Baltimore, Give Street and Number. } Charles Co. Md.

Duration of Residence in Baltimore. non Resident.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: march 2 1907

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Chas Co. Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/1 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: march 27 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to March 27 1907 that I last saw h alive on March 27 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy — due to Dilatation of heart and Chronic Nephritis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas L. Kramer M.D.

Address St Joseph Hospital

Date March 27 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 29 1907

Undertaker Commissioner Health.

Address Health Dept Baltimore

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99761 Registered No. B 99761

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sampson Morgan

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH .....1.....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Gates Co. North Carolina

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 30 1907 that I last saw h.. alive on March 30 1907, and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate) Mitral regurgitation, Senility, Chronic diffused Nephritis

..... (DURATION) 1 DAYS

Contributory (Primary) Cirrhosis (DURATION) ..... DAYS

(Signed) R R Vonnoh M.D.

Address Bay View Hospital.

Date March 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 30 1907

Undertaker William H Woodin

Address 18 E Lib... St. FOR ANATOMICAL PUR...

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99762 Registered No. B 99762

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Neal

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/1/07 190 ..... HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to March 28 1907 that I last saw h.er alive on March 28 1907, and that death occurred, on the date stated above, at 12:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) psoas abcess

coxalgia ..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bayview Hospital.

Date March 28 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date May 30 1907

Undertaker William H Wootton

Address 1811 Eutaw St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 0 — 99763 — Registered No. B 99763

CERTIFICATE OF DEATH.

(Place of Death.) No. #115 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Popp.

{Residence, if in Baltimore, Give Street and Number.} #115 N. Glover St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 14th 1847
AGE	59 years, 11 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Popp

(Address) 115 N. Glover St

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Mar 29 1907

that I last saw him alive on Mar 29 1907

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate

Cirrhosis of Liver

(DURATION) 4 mos DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John Girdwood M.D.

Address 1811 E Baltimore St

Date March 31 1907

Place of Burial Mt. Carmel Cem.

Date 4/1/07 1907

Undertaker J Sterrig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 | 99764 | Registered No. B 99764

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 Russell St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jane Dorsett

{Residence, if in Baltimore, Give Street and Number.} 1107 Russell St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: John W Boger

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Mary J Thompson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eli Doretus

(Address) 1109 Russell St

Filed 4/1/07

HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to March 29 1907

that I last saw h alive on March 29 1907

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dropsy

Dr Tay (DURATION) about 3m DAYS

Con'ributory (Primary.) Arterio Sc (DURATION) DAYS

(Signed) W. H. Fowler M.D.

Address 415 S. Bond

Date March 29 1907

Place of Burial Mt Auburn cemetery

Date April 1 1907

Undertaker Wm H Horton

Address 609 Lilly Pacart

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99765 Registered No. B 99765

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 Patapsco St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thomas Holland

{ Residence, if in Baltimore, Give Street and Number. } 902 Patapsco

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 16th 1869

AGE 37 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Dr Lee Holland

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Laura Rotan

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert W. Holland

(Address) 148 Kenwood Ave

Filed 4/1 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 = 1907

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to ~~1906~~

that I last saw h ~~alive on~~ ~~1906~~,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 E Fayette St

Date 190

Place of Burial Baltimore Cem.

Date April 2nd 1907

Undertaker R. Sander & Son

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 934

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anne C Wilke

{ Residence, if in Baltimore, Give Street and Number. } 1421 Eastern Ave

Duration of Residence in Baltimore. Life 99756

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 10th 1906

AGE: ..... years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Wilke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Henry Wilke

(Address) 1421 Eastern Ave

Filed 4/1 1907 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 30 1907

that I last saw her alive on March 30 1907

and that death occurred, on the date stated above, at 9

11. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 hrs DAYS

Contributory (Primary.)

Pneumonia (DURATION) 2 DAYS

(Signed) ..... M.D.

Address .....

Date April 1st 1907

Place of Burial Trinity Cemetery

Date April 1st 1907

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 X 95134 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Reichlangergaus

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Emmorgasse

B 99767

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	Cd.
DATE OF BIRTH	1
AGE	years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher Bro
(Address) C & L. Gay St

Filed 4/1 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from Mch 16 1907 to Mch 31 1907 that I last saw h.. alive on March 31 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) DAYS

Contributory (Primary) Bronchial Pneumonia (DURATION) DAYS

(Signed) H. A. Dodd M.D.

Address City Hospital

Date April 1 1907

Place of Burial 1st Evangelical Cem

Date April 1st 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 — 99768 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 N Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W. Nuigard

{Residence, if in Baltimore, Give Street and Number.} 1109 N. Gay st Nuigard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 15 1847

AGE: 59 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Augustus Nuigard

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Nuigard

(Address) 1109 N. Gay st

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 30 1907

I HEREBY CERTIFY, That I attended deceased from Mar 21 1907 to Mar 30 1907

that I last saw him alive on Mar 30 1907

and that death occurred, on the date stated above, at 8 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

several months (DURATION) X DAYS

Con'tributory (Primary.)

Cardiac Paralysis (DURATION) X DAYS

(Signed) Walter W. White M.D.

Address 1101 N. Broadway

Date March 31 1907

Place of Burial Baltimore Cemetery

Date April 2 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 Registered No. B 99769

CERTIFICATE OF DEATH.

17V

(Place of Death.) No. 542 Wilcome Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Horace Robinson

{Residence, if in Baltimore, Give Street and Number.} 542 Welcome alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Don't know

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Harris Junior

(Address) 1004 S. Central St.

Filed 4/1 1907

JERRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 30 1907

that I last saw h~~e~~ alive on March 30 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery (DURATION) 30 DAYS

Contributory (Primary.) (DURATION) 30 DAYS

(Signed) M.D.

Address

Date March 31 1907

Place of Burial National Cemetery

Date April 1 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 99770 Registered No. B 99770

CERTIFICATE OF DEATH.

(Place of Death.) No. 2640 Frederick ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Overstreet

{Residence, if in Baltimore, Give Street and Number.} 2640 Frederick ave.

Duration of Residence in Baltimore. 16 months

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1856	
AGE: 67 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Ohio	
FULL NAME OF FATHER: Joseph Hamilton	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Home Wife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Wilson

(Address) 2640 Frederick Road

Filed 4/1 1907 HARRY O. ANDRAE, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 31 1907 that I last saw her alive on March 31 1907, and that death occurred, on the date stated above, at 8:10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs

(DURATION) 12 DAYS

Contributory (Primary.) Endocarditis

(DURATION) 2 DAYS

(Signed) Asa L Wessels M.D.

Address 570 Frederick ave

Date April 1 1907

Place of Burial London Park

Date April 2nd 1907

Undertaker C. F. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

99771

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 118 W. 24th. St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Rodgers

{ Residence, if in Baltimore, Give Street and Number. } 118 W. 24th St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 30 1879

AGE: 27 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Philip Rodgers

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Eliz C. Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. C. Rodgers

(Address) 118 W. 24th

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to March 31 1907

that I last saw her alive on March 30 1907

and that death occurred, on the date stated above, at 3.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis, Mitral Regurg.

(DURATION) — DAYS

Contributory (Primary.) Cardiac Insufficiency

(DURATION) DAYS

(Signed) H. N. Carswell M.D.

Address 2 N 25th St

Date March 31. 1907

Place of Burial Green Mount Cemetery

Date April 2 = 1907

Undertaker E. W. Mitchell

Address 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99772

City of Baltimore, (No. 140 E. Chase St. St.; 10th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Rebecca Fisher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 30 (Day) 1907 (Year)

AGE: 83 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John F. Fisher

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Faue

BIRTHPLACE OF MOTHER (State or country): Calvert Co.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Buck

(Address) Cockeysville Md.

Filed ..... 190 .....

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 30. (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to March 30. 1907

that I last saw h[er] alive on March 29 1907

and that death occurred, on the date stated above, at 5. P. M. The CAUSE OF DEATH was as follows:

Hypertrophy & Dilatation of Heart (DURATION) 3 years

Contributory Edema of Lungs (DURATION) ..... DAYS

(Signed) Geo. A. Hartman M. D.

March 31. 1907 (Address) 1121 N Carrollton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? 1

PLACE OF BURIAL OR REMOVAL: Green Mound. DATE OF BURIAL: April 1 1907

UNDERTAKER: E. M. Mitchell ADDRESS: 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 99773 Registered No. B 99773

CERTIFICATE OF DEATH.

(Place of Death.) No. 895 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gee Jung Hong

{ Residence, if in Baltimore, Give Street and Number. } 895 Park ave

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: Mongolian
DATE OF BIRTH: — — 1	
AGE: 53 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country): China	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): China	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: laundryman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jon Chung

(Address) 895 Park ave

Filed 4/1/07 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1907

I HEREBY CERTIFY, That I attended deceased from Mar 30 190 to Mar 30 190

that I last saw h alive on — 190 —,

and that death occurred, on the date stated above, at 5 — M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. B. Hopkins M.D.

Address 1216 N Carrollton Ave

Date Mar. 30-'07 190

Place of Burial Betts Cemetery

Date April 2-1907 190

Undertaker M. Mitchell

Address 1201 W Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 99774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99774

Registered No. B .....

City of Baltimore, (No. 3101 Hadbrook ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Sanderson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug (Month) 1 (Day) 1847 (Year)

AGE 59 years, 7 months, 29 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto. Co., Md.

FULL NAME OF FATHER Thos. Sanderson

BIRTHPLACE OF FATHER (State or country) Fredk. City, Md.

MAIDEN NAME OF MOTHER Hannah A. Pearson

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Williams

(Address) 3101 Hadbrook ave

Filed ..... 190 .....

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 28 1907 to March 30 1907 that I last saw h[e] alive on March 30, 1907, and that death occurred, on the date stated above, at 8.10 P.M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 2 DAYS

Contributory Asthenia

(DURATION) 1/4 DAY

(Signed) Nathan Wendler M. D.

Mch 31 1907 (Address) 3112 W North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL April 1 1907

UNDERTAKER E. M. Mitchell

ADDRESS 128 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 99775 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2004 Baltimore St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dougherty

{Residence, if in Baltimore, Give Street and Number.} 2004 Baltimore St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR B

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Major Gale

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Tempy Gale

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Daugherty

(Address) 2004 Baltimore St

Filed 4/1/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cr- Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Cannizzo M.D.

Address Coroner Md

Date Mar 30-07 190

Place of Burial Asbury Cemetary

Date March 1 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43V

CERTIFICATE OF DEATH.

Registered No. B 99776

City of Baltimore, (No. 1421, Winchester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willard J. Shaw

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 26 1861 (Month) (Day) (Year)

AGE: 45 years, 6 months, 4 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Emanuel Shaw

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jane Fort

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Ball

(Address) 715 Marshall st.

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 30 1907 to March 30 1907 that I last saw him alive on March 30 1907, and that death occurred, on the date stated above, at 7.45 P. M. The CAUSE OF DEATH was as follows:

1. .....
2. Pneumonia Croupous (DURATION) 7 DAYS
Contributory Heart Exhaustion Indefinite (DURATION) DAYS

(Signed) Wm. Grant M. D.

3/30 1907 (Address) 2104 W. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 31 1907

UNDERTAKER: Harry E. Hayes — ADDRESS: 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

I was called in to treat this case one hour before death. Patient had been under care of Dr. Nelson. Wm. Grant M.D.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 99772

CERTIFICATE OF DEATH.

(Place of Death.) No. 1928 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas A Babert

{ Residence, if in Baltimore, Give Street and Number. } 1928 Orleans

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jan 31 1863

AGE 44 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Buelle Md

FULL NAME OF FATHER John Trabert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Trust

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Music teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Trabert

(Address) 1928 Orleans st.

Filed 4/1 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 31 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage
Sudden

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo. C. Campbell M.D.

Address Arrow Md

Date Mar 31 - 07 190

Place of Burial Holy Redeemer

Date April 3 190 7

Undertaker Jos. J. Merz

Address 1914 E. Fayette st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

99778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19V

CERTIFICATE OF DEATH.

Registered No. B 99778

City of Baltimore, (No. 1709 N. Mosher St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Melinda Cassell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: White

DATE OF BIRTH: August (Month) 29 (Day) 1856 (Year)

AGE: 50 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York, Penna.

FULL NAME OF FATHER: Frederick Frey.

BIRTHPLACE OF FATHER (State or country): York County

MAIDEN NAME OF MOTHER: Julia Lehr

BIRTHPLACE OF MOTHER (State or country): York County, Pa.

OCCUPATION OF DECEASED: Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin H. Cassell

(Address) 1709 N. Washington

Filed 4/1 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1907 to March 31 1907 that I last saw her alive on March 31 1907, and that death occurred, on the date stated above, at 12.20 A. M. The CAUSE OF DEATH was as follows:

Acquired Atelectasis

Two months (DURATION) 15 DAYS

Contributory Mitral Regurgitation (DURATION) 4 DAYS

(Signed) A. T. Von Schulz M. D. D. D.

March 31 1907 (Address) 1635 N. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudenslake

DATE OF BURIAL: April 2 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E. Monument

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 99779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99779

City of Baltimore, (No. 615 Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Taylor.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	48 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Baltimore md
FULL NAME OF FATHER	David Taylor
BIRTHPLACE OF FATHER (State or country)	Penna
MAIDEN NAME OF MOTHER	Martha A. Jameson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) David Taylor Jr

(Address) 615 Baker St

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to M'ch 30 1907

that I last saw h[illegible] alive on M'ch 30 1907,

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Brights Disease

10 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. A. Nelson M. D.

Mch 31 1907 (Address) 1303 W North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Apr 2 1907
UNDERTAKER	ADDRESS
Lee Cook	520 E North

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

99780

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Loney Lane (Cityside) Baltimore City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry N Ponts

{ Residence, if in Baltimore, Give Street and Number. } Loney Lane (near Balto Cemetery)

Duration of Residence in Baltimore. 5 years D. 99780

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: [illegible] 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: George W Ponts

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Elisa Algire

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ponts – wife

(Address) Loney Lane

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 30 1907

I HEREBY CERTIFY, That I attended deceased from Feby 1 1907 to March 30 1907 that I last saw him alive on March 30 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs

about 18 Months (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) H Young Nuttwell M.D.

Address 257 Gorsuch ave

Date March 31 1907

Place of Burial Balto Cemetery

Date Apr 2 1907

Undertaker A. S. Urquhart

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99781

City of Baltimore, (No. 725 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George T. Fowler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 19th (Month) (Day) 1849 (Year)

AGE: 58 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Thos. N. Fowler

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Margaret Weaver

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Coach Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa S. Fowler

(Address) 725 Dolphin St

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1904 to March 29 1907

that I last saw h[illegible] alive on March 28 1907,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Nephritis (Chronic)

3 Years (DURATION) DAYS

Contributory Uremia

(DURATION) DAYS

(Signed) L. A. Emerson M. D.

March 31 1907 (Address) 2116 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: 4/1 1907

UNDERTAKER: G. F. Parker | ADDRESS: 723 Mo[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 99782 Registered No. B

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Perry Jr

{Residence, if in Baltimore, Give Street and Number.} 1119 Whatcoat St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Nov 12 1906

AGE ..... years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm Perry.

BIRTHPLACE OF FATHER (State or country) S. C.

MAIDEN NAME OF MOTHER Mary Wilkins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Perry

(Address) 1119 Whatcoat

Filed 4/1 1907

HARRY C. ANDRAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 26th 1907 to Mar 30th 1907

that I last saw him alive on Mar 29 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 10 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) F C Link M.D.

Address 1313 W Northern

Date Mar 31st 1907

Place of Burial Mt. Zion cemetery

Date April 2 1907

Undertaker J. Johnson

Address 614 Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99783 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Fitzgerald

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

B-99783

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: .....1.....

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

James Hollyday,

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 30 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 30 1907 that I last saw h.. alive on March 30 1907 and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Cardiac Orifice of Stomach

Asthenia Senility, Bronchopneumonia (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital.

Date March 30 1907

Place of Burial Sacred Heart

Date Apl 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 99784

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Mann Fletcher

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Blk

DATE OF BIRTH: Unknown 1

AGE: — years, About 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dennis McNamara

(Address) 2005 Madison Ave.

Filed 4/1/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1907 to Mar. 30 1907 that I last saw h-er alive on Mar. 30 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 42 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dennis McNamara M.D.

Address 2005 Madison Ave

Date Apr 1 1907

Place of Burial Cathedral Cemetery

Date 4-1 1907

Undertaker Felix B. Dye

Address 102 E Mulberry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 99785 Registered No. B

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name ~~James~~ George Albert Thomas

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

D. 99785

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Blk

DATE OF BIRTH ..... Dec. 19 1827

AGE ..... years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ..... Single

BIRTHPLACE (State or country) ..... City

FULL NAME OF FATHER .....

BIRTHPLACE OF FATHER (State or country) .....

MAIDEN NAME OF MOTHER .....

BIRTHPLACE OF MOTHER (State or country) .....

OCCUPATION OF DECEASED ..... None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... March 29 1907

I HEREBY CERTIFY, That I attended deceased from Febr. 10 1907 to Mar. 29 1907 that I last saw h... alive on Mar. 29 1907, and that death occurred, on the date stated above, at ... A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 60 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alexius McGlannan M.D.

Address ~~Hos~~ 2005 Madison Ave.

Date March 29 1907

Place of Burial Cathedral Cmtry

Date 4 — 1 1907

Undertaker Felix B Dyer

Address 10 E. Mulberry st

WM. J. C. DULANY CO., Stationers.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 99786 Registered No. B [illegible]

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria E Couch

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: Feb. 27 1907

AGE: — years, — months, 32 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGuinness

(Address) 2005 Madison Ave.

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 21 1907 to Apr. 1 1907

that I last saw her alive on Mar. 31 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 32 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGuinness M.D.

Address 2005 Madison Ave

Date Apr. 1 1907

Place of Burial Cathedral Entry

Date 4-1-07

Undertaker Fidelis P. Pye

Address 102 E Mulberry st

W/M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — 9978 — Registered No. B 120 V

CERTIFICATE OF DEATH.

Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. E. Baldwin

{ Residence, if in Baltimore, Give Street and Number. } 201 N. Gay St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 4/1 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 5 / 1907

I HEREBY CERTIFY, That I attended deceased from Mar 22 1907 to Apr 1 1907

that I last saw h... alive on Mar 31 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate

Myocarditis

(DURATION) 17 DAYS

Contributory (Primary.) Chronic Bright's (DURATION) DAYS

(Signed) Geo. H. Fahey M.D.

Address St. Josephs Hospital

Date Apr 5 1907

Place of Burial Whites Marsh Prince George Co Md

Date April 3 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99788

City of Baltimore, (No. 614 N. Bethel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lloyd B. Sanders

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: March (Month) 31 (Day) 1900 (Year)

AGE: 7 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John B. Sanders

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Katie A. Shaw

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Sanders

(Address) 614 N Bethel

Filed 4/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 24 1907 to March 31 1907 that I last saw him alive on March 31 1907, and that death occurred, on the date stated above, at 2.15 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Capillary,

(DURATION) 8 DAYS

Contributory

(DURATION) DAYS

(Signed) J. A. Sasse M. D.

April 5th 1907 (Address) 1200 E. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: April 2 1907

UNDERTAKER: Ellicott

ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emmet Foster

{ Residence, if in Baltimore, Give Street and Number. } 606 Bradford St

Duration of Residence in Baltimore. Sixty four years B 99789

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1842 — — 1

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) America

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) America

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/1 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1907

I HEREBY CERTIFY, That I attended deceased from March 14th 1907 to March 28 1907 that I last saw him alive on March 28 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Cachexia

(DURATION) DAYS

Contributory (Primary.) Adeno. Carcinoma of Prostate (DURATION) DAYS

(Signed) E. W. Roberts M.D.

Address University Hospital

Date March 31st 1907

Place of Burial Claypool Dorchester Co Md Wingel-Wiuth

Date April 2 1907

Undertaker R. A. Elliott

Address 506 Pagens Lane

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99790

City of Baltimore, (No. 5 1/2 Parish Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Louise Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Near South River Md

FULL NAME OF FATHER: John Brown

BIRTHPLACE OF FATHER (State or country): Nr Queen Anne

MAIDEN NAME OF MOTHER: Maria Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country): The Ridge Annearundel Co.

OCCUPATION OF DECEASED: Washerwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margie Brown

(Address) 5 1/2 Parish Alley.

Filed 4/1 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to March 31 1907 that I last saw her alive on March 31 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

She had Chron. Nephritis

about 18 mos. (DURATION) — DAYS

Contributory Heart Trouble

She was ill for two weeks (DURATION) DAYS

(Signed) D. H. Waldron M. D.

Mar. 31 1907 (Address) 9 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Md

DATE OF BURIAL: April 3 1907

UNDERTAKER: John H Owens & Son

ADDRESS: 1222 Lemmon

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Zachariah Ebaugh

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

D 99791

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 52 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Zacharah Ebaugh
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Harriett Mallone
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Irvin Ebaugh

(Address) 1701 Penna ave

Filed Apr 2nd 1907

MERRY C. ANDREWS, PERMIT CLERK, Registrar

C & C Cle R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 24th 1907 to April 1st 1907 that I last saw h im alive on April 1st 1907, and that death occurred, on the date stated above, at 405 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

following Dyspleurical Cellulitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. D. Riggs M.D.

Address 15 17 Division St

Date April 5 1907

~~Removed to Hollins Ridge Cem~~

Place of Burial Druid Ridge Cem

Date April 2 1907

Undertaker John E Stough Est

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99792

City of Baltimore, (No. 3418, Cedar Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Olivia Edna Carbach

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November (Month) 6 (Day) 1884 (Year)

AGE: 23 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Co Md

FULL NAME OF FATHER: Wm. C. Carbach.

BIRTHPLACE OF FATHER (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER: Rebecca Allison

BIRTHPLACE OF MOTHER (State or country): Balto Co Md.

OCCUPATION OF DECEASED: Weaver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Carbach. (Brother)

(Address) 3418 Ceder

Filed 4/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1906 to March 31 1907 that I last saw her alive on March 31 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

Mitral + Tricuspid Insufficiency (DURATION) 8 Years

Contributory Chronic Bright's Disease (DURATION) 6 Years

(Signed) A. O. Kelley M. D.

April 1 1907 (Address) 3749 Roland

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Marys Hampden | DATE OF BURIAL: April 2 1907

UNDERTAKER: Horace Burgee | ADDRESS: 3621 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 | 99793 | Registered No. B

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 437 S Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernst W. Franke

{Residence, if in Baltimore, Give Street and Number.} 437 S Gilmore

Duration of Residence in Baltimore. 23

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ottilia Franke

(Address) 437 S. Gilmor

Filed 4/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 27, 1907 to April 1st 1907

that I last saw h alive on March 30 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) 5 DAYS

Contributory (Primary.) Hemorrhage (DURATION) 1 DAYS

(Signed) Edw Grandpre M.D.

Address 511 Lexington

Date April 1st 1907

Place of Burial Loudon Park.

Date April 3. 1907

Undertaker Wm Cowell

Address 502 E Saratoga

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY ...

99794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93V

CERTIFICATE OF DEATH.

Registered No. B 99794

City of Baltimore, (No. 1638, Abbott St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Koetzkey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January (Month) 16 (Day) 1886 (Year)

AGE: 21 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Koetzkey

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Oberndörfer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Koetzkey

(Address) 1638 Abbott St.

Filed 4/2 1907

HARRY C. ANDRAE, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 31. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 21 Feb, 1907 to March 31 1907, that I last saw him alive on March 30 1907, and that death occurred, on the date stated above, at 1.10 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

with termination in formation of abscess (DURATION) 38 DAYS

Contributory Extreme Exhaustion (DURATION) DAYS

(Signed) W. C. Sandrock M. D.

April 1 1907 (Address) 1242 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Trinity Cem

DATE OF BURIAL: April 3 1907

UNDERTAKER: Compton

ADDRESS: 502 E Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Davis

{Residence, if in Baltimore, Give Street and Number.} Linwood Md

Duration of Residence in Baltimore.....

D.99795

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: ..... 1.....

AGE: 35. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Linwood Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Davis

(Address) Linwood Md

Filed 4/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 31 - 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 1.15 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Broncho pneumonia

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Fred K Cummins M.D.

Address Corriganville Md

Date March 2 1907

Place of Burial Linwood Carroll Co Md

Date March 2 1907

Undertaker Durham & Donaghue Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

CERTIFICATE OF DEATH. 69 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mamie Eicholtz

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life B 99796

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 22nd 1885

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: F. Eicholtz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Eichtz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31. 1907

I HEREBY CERTIFY, That I attended deceased from June 5. 1906 to March 31. 1907 that I last saw h or alive on March 31. 1907, and that death occurred, on the date stated above, at 11.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Con'ributory (Primary.) Status Epilepticus

(DURATION) 1 DAYS

(Signed) W. L. Brent M.D.

Address Bay View Asylum

Date March 31. 1907

Place of Burial 1st Evang Cemetery

Date April 3rd 1907

Undertaker Christian Miller

Address 2354 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2442 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Coates

{Residence, if in Baltimore, Give Street and Number.} 2442 E. Fayette St.

Duration of Residence in Baltimore. all her life D 99795

PERSONAL AND STATISTICAL PARTICULARS	
SEX: fem	COLOR: mulatto
DATE OF BIRTH: March 31 1901	
AGE: ....years, ...months, 5 hours days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): 2442 E. Fayette St	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Martha Coates	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Coates

(Address) 2442 E. Fayette St

Filed 4/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ....April 2.... 190 7

I HEREBY CERTIFY, That I attended deceased from March 31 190 7 to April 2 190 7

that I last saw her alive on April 1 190 7,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate) Fracture base

(DURATION) 5 hours DAYS

Contributory (Primary.) Auto Accident

(DURATION) DAYS

(Signed) H. C. Dearn M.D.

Address 156 Mulberry St

Date April 2 190 7

Place of Burial Mt. Auburn Cem.

Date April 2 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

106 V

(Place of Death.) No. 9 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna C. Stahl

{ Residence, if in Baltimore, Give Street and Number. } 9 N. Fremont

Duration of Residence in Baltimore. 65 Jrs D. 99798

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	Febry 15 1825
AGE	82 years, 1 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Daniel Zigler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Gude

(Address) 9 N. Fremont Ave

Filed 4/2 1907

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to March 31 1907 that I last saw h er alive on Mar 31 1907, and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diarrhoea + Malassimilation with General Senile Decay about one year (DURATION) — DAYS

Contributory (Primary.) Senile Decay

Gangrene Arsthenia (DURATION) one DAYS

(Signed) James E Willing M.D.

Address 871 Harlem Ave

Date April 1st 1907

Place of Burial Western Cemetery

Date April 3 1907

Undertaker Jos. Juerdens. Son

Address 217 S. Pac

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Register No. .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Bull

{ Residence, if in Baltimore, Give Street and Number. } 1138 N. Calhoun st

D. 99799

Duration of Residence in Baltimore, Twenty-eight yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Gordon Lindsay

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Bull

(Address)

Filed 4/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from nose

Three mos. (DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) Wm Backemin M.D.

Address 700 Log. Av. (Canton)

Date April 1, 07 1907

Place of Burial Mt Auburn Cemetery

Date April 2 1907

Undertaker Geo H Hooper

Address 1092 Pacific St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained* that never any person shall die in the said city it shall be the duty of the Physician who attended during his or her sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Commissioner of Health, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **name, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 99800 Registered No. B

CERTIFICATE OF DEATH.

934

(Place of Death.) No. 2237 Mura St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Wm. Whitaker

{ Residence, if in Baltimore, Give Street and Number. } 2237 Mura St.

Duration of Residence in Baltimore. Lifetime

B. 99800

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 7th 1906
AGE	9 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William A Whitaker
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Viola Barth
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Whitaker

(Address) 2237 Mura St

Filed 4/2 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 27th, 1907 to April 1st 1907

that I last saw him alive on March 31st 1907,

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis, Secondary to Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia Lobar

(DURATION) 6 DAYS

(Signed) Albert G. Singewald M.D.

Address 1202 N. Patterson Park Ave.

Date April 1st, 1907

Place of Burial Dallo Cemetery Co

Date Apr 3 1907

Undertaker Robt J Winnert

Address Bray & Reiber

WM. J. C. DULANY CO., BALTIMORE.

Ward 2 — 33601 — Registered No. D.

1207

CERTIFICATE OF DEATH.

(Place of Death.) No. #1711 Lemon St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jacob Hartmann.

{ Residence, if in Baltimore, Give Street and Number. } 1711 Lemon St

Duration of Residence in Baltimore. 50 years D.99801

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 4th 1833

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Hartmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Hartmann

(Address) #1711 Lemon St.

Filed 4/2/1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from Jany 26 1907 to March 31 1907 that I last saw him alive on March 28 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

unknown (DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

(about) 4 months (DURATION) DAYS

(Signed) C. A. McDowell M.D.

Address 1521 W. Fayette St

Date April 1/07 190

Place of Burial Loudon Park

Date April 3" 1907.

Undertaker Philip Schwaldt & Sons

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... Reg. No. 1047

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 S. Ann St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Darby Mahon

{Residence, if in Baltimore, Give Street and Number.} 123 S. Ann St.

Duration of Residence in Baltimore. 61 years. D. 99802

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 11th 1825

AGE: 81 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Mahon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Finafon Shaughnessy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Winfried Mahon

(Address) 123 S. Ann St

Filed 4/2 1907

HARRY C. ANDRAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1, 1907

I HEREBY CERTIFY, That I attended deceased from March 27, 1907 to April 1, 1907

that I last saw him alive on April 1, 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute indigestion

(DURATION) 4 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) [illegible], M.D.

Address [illegible]

Date April 1, 1907.

Place of Burial New Cathedral Cem.

Date April 4th 1907

Undertaker Germanus France

Address Danks & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 99603

CERTIFICATE OF DEATH.

99603

19

(Place of Death.) No. Frederick & Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Battaglia

{ Residence, if in Baltimore, Give Street and Number. } 2908 O'Donnell at

Duration of Residence in Baltimore. 0-2

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	— — 1866
AGE	50 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	Joseph Battaglia
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	Fruit Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Battaglia

(Address) 2908 O'Donnell St.

Filed 4/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to March 1907

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate Heart Disease

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hamilton M.D. Coroner

Address 216 E. Caroline St

Date Mar. 1st 1907

Place of Burial St. Vincents Cemetery

Date April 3rd 1907

Undertaker Germanus Tirance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... 9:804 ... Registered No. B ...

9:804
27

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 Kenwood Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Baker

{Residence, if in Baltimore, Give Street and Number.} 138 Kenwood Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug. 22nd 1882
AGE	24 years, 7 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	James Stanton
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Sophia Swoboda
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Stanton

(Address) 138 Kenwood Ave

Filed 4/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31st 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1906 to March 31st 1907 that I last saw h[er] alive on March 30th 1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Pneumonia

Contributory (Primary.) Phthisis Pulmonalis (DURATION) DAYS

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1937 Eastern Ave

Date April 1st 1907

Place of Burial Sacred Heart Cemetery

Date April 3rd 1907

Undertaker Germanus Grace

Address Bank & Wolfe Sts.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 Registered No. 99805

CERTIFICATE OF DEATH.

1201

(Place of Death.) No. 1323 West Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William B. Covell

{ Residence, if in Baltimore, Give Street and Number. } 1323 West Lombard St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Mall | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Wm. H. Covell

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Genova Tracey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carroll Covell (Son)

(Address) 1323 W. Lombard St

Filed 4/2 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1906 to Mch 30 1907

that I last saw him alive on Mch 30 1907, 6.30

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Left Hemiplegia Complicating Nephritis

(DURATION) 4 Months

Contributory (Primary) Uraemic Convulsions (DURATION) 2 DAYS

(Signed) Henry C. Ahlen M.D.

Address 1203 W. Fayette St

Date Mch 30 1907

Place of Burial London Park

Date April 3rd 1907

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8/V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1928 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1928 Druid Hill Ave.

Duration of Residence in Baltimore. 25 Years D 99906

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1 —

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henley Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Phillis Thomas

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Henry J Thomas

(Address) 1928 N. H. Ave

Filed 4/2 1907 HARRY C. ANDREWS, PERMIT CLERK; Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from Mch 28 1907 to Mch 31 1907

that I last saw h Er alive on Mch 30 1907,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Harmorhage

(DURATION) 3 DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) ? DAYS

(Signed) H S McCard M.D.

Address 2005 Druid Hill Ave

Date April 1 1907

Place of Burial Laurel

Date March 2 — 1907

Undertaker R A Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9980;

CERTIFICATE OF DEATH.

120 ✓

(Place of Death.) No. 520 N. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Perkins

{ Residence, if in Baltimore, Give Street and Number. } 520 N. Preston St.

Duration of Residence in Baltimore. Life

D. 99807

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John H Perkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliza Roy

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Eliza Perkins

(Address) 530 W. ~~Hoffman~~ Preston St

Filed 4/2 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to March 31 1907 that I last saw h[illegible] alive on March 31 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis & cardiac Insufficiency

about 1 year (DURATION) — DAYS

Contributory (Primary.) Arterio sclerosis

(DURATION) — DAYS

(Signed) Edward Mealley M.D.

Address 1230 E. Hill Ave

Date April 1 1907

Place of Burial Mt Auburn

Date April 2 1907

Undertaker R. A. Ellicott

Address 506 Royen Ave ✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — 99808 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Hawkins

{Residence, if in Baltimore, Give Street and Number.} 519 Jordan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Col.

DATE OF BIRTH ..... 1.....

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Hawkins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rosa Woodens

BIRTHPLACE OF MOTHER (State or country) Md -

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Woodens

(Address) 509 Orford st

Filed 4/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to April 1 1907

that I last saw h— on April 1 1907 alive on

and that death occurred, on the date stated above, at 6.20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary) Influenza

..... (DURATION) ..... DAYS

(Signed) W. G. Dorsey M.D.

Address City Hospital

Date April 1 1907

Place of Burial Mt. Zion

Date April 3 1907

Undertaker R. A. Leitch

Address 302 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY ...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10 V

CERTIFICATE OF DEATH.

Registered No. B 99809

City of Baltimore, (No. 627 N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen J. Foote,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17 (Month) (Day) 1821 (Year)

AGE: 85 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maine

FULL NAME OF FATHER: Robt Barr

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Lucy Small

BIRTHPLACE OF MOTHER (State or country): Maine

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Foote

(Address) 627 N Mount St

Filed 4/2 1907

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 1st (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to March 30 1907

that I last saw h[illegible] alive on March 30 1907,

and that death occurred, on the date stated above, at 4 [illegible] M. The CAUSE OF DEATH was as follows:

Influenza

(DURATION) 14 DAYS

Contributory

(DURATION) DAYS

(Signed) Charles Gilt M. D.

April 2 1907 (Address) 1111 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: April 2 1907

UNDERTAKER: W. P. Burns Jr | ADDRESS: Resident Dr

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 9981.0 Registered No. B 9981.0 647

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 N Conway St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josephine A Jenkins

{Residence, if in Baltimore, Give Street and Number.} 625 N Conway St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 4 1847

AGE 60 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jos Buckley D C

BIRTHPLACE OF FATHER (State or country) D C

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Jenkins

(Address) 625 N Conway St

Filed 4/2 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to March 31 1907 that I last saw her alive on March 30 1907 and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S M Lemmon M.D.

Address 602 S Rose St

Date April 1 1907

Place of Burial Western Cemetery

Date April 2 1907

Undertaker J Pickrodt & Bro

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 99811

(Place of Death.) No. 721 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wojciech Blaszkowski

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: April 23 1852

AGE: 54 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Adam Blaszkowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs (wife) Blaszkowski.

(Address) 721 S. Bond St

Filed 4/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 29 1907 to March 31 1907 that I last saw him alive on March 31 1907, and that death occurred, on the date stated above, at 5½ A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 3 DAYS

Contributory (Primary.)

Bronchitis (DURATION) 12 DAYS

(Signed) S. J. Szwalkowski M.D.

Address 722 S. Ann St

Date April 1st 1907

Place of Burial St Stanislaus.

Date April 3rd 1907

Undertaker M. F. Sadowski.

Address 70 S. Ann St

WM. J. C. DULANY CO., Baltimore.

PERMIT CLERK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99312 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital Runnels St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Joe Runnels

{ Residence, if in Baltimore, Give Street and Number. } Spanns Point

Duration of Residence in Baltimore., Ohe year in Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Unknown 1

AGE: about 45 yrs years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Baird

(Address) Mar Gen Hosp.

Filed 4/7 1907

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Traumatic Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Accident in em-
bracing a car (DURATION) DAYS

(Signed) Silas Bardinis M.D.

Address 702 Lof. av. (Canton)

Date April 2nd 1907

Place of Burial Holy Rosary.

Date Thursday April 4 1907

Undertaker M. Sadowski

Address 703 So Ann St

Will remove to 2122 Canton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH. 99813

Registered No. B

City of Baltimore, (No. 1830, Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. LeFlinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: May (Month) ... (Day) ... 1878 (Year)

AGE: 28 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Michael J. LeFlinger

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Padian

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. LeFlinger (mother)

(Address) 1830 Division St

Filed 4/12 1907

HARRY C. ANDREWS Registrar
CIVIL CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ... 1905 to April 2nd 1907 ... that I last saw her alive on April 1 1907, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Pleurisy - Pneumonia - (Tuberculosis)

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) W. J. Brady M. D.

April 2 1907 (Address) 123 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: April 4 1907

UNDERTAKER: M. Fahey & Sons — ADDRESS: 606 Lafayette Ave

Ward ..... 15 E

CERTIFICATE OF DEATH

(Place of Death.) No. 637 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Buming (Colored)

{ Residence, if in Baltimore, Give Street and Number. } 637 W Saratoga St

B. 99814

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 31 1907

AGE ..... years, ... months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Coffaithe

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Amilia Balozuinas

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED at last

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cohen Baltimore

(Address) 637 W Saratoga St

Filed 4/2 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1907

I HEREBY CERTIFY, That I attended deceased from March 31 1907 to April 1 1907

that I last saw h alive on April 1 1907

and that death occurred, on the date stated above, at 11:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Congenital debility.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Jack M.D.

Address Maryland Hospital

Date April 2 1907

Place of Burial St Stanlaus

Date April 2" 1907

Undertaker H S Frick

Address 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when called, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 Registered No. 99815

CERTIFICATE OF DEATH.

120 W

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Wiebel

{ Residence, if in Baltimore, Give Street and Number. } 54 S Greene St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 30 1822

AGE: 85 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: Pop. First name not known

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis F. Dill

(Address) 746 Columbia ave.

Filed 4/2 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1907

I HEREBY CERTIFY, That I attended deceased from March 23 1907 to April 1 1907

that I last saw her alive on April 1 1907

and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility, Chronic diffuse nephritis

Hypostatic Pneumonia

(DURATION) DAYS

Con'ributory (Primary) Oedema of Lungs

(DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Asylum.

Date April 2 1907

Place of Burial Western Cem.

Date Apr. 3 1907

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

154V

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 St Paul St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis a Dochez

{Residence, if in Baltimore, Give Street and Number.} 607 St Paul Street

Duration of Residence in Baltimore. Three months

D 99816

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 18th Sept- 1827

AGE 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Wilbrak Belgium

FULL NAME OF FATHER McKnew

BIRTHPLACE OF FATHER (State or country) Belgium

MAIDEN NAME OF MOTHER E. Cels.

BIRTHPLACE OF MOTHER (State or country) Belgium

OCCUPATION OF DECEASED No occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Cassidy

(Address) Belcamp Md

Filed 4/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190— to April 1st 190—

that I last saw him alive on March 31 190—,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) J. Holmes Smith M.D.

Address 7205 St Paul St

Date April 2nd 1907

Place of Burial New Cathedral Cem

Date April 3rd 1907

Undertaker Howard Co Inc Hos Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 121 N. Chapel st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Weiler

{Residence, if in Baltimore, Give Street and Number.} 121 N. Chapel st.

Duration of Residence in Baltimore. 27 yrs

D 99817

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE	46 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Bohemia
FULL NAME OF FATHER	Franz Krejci
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	Marie Ruchar
BIRTHPLACE OF MOTHER (State or country)	Bohemia
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Weiler.

(Address) 121. N. Chapel st

Filed 4/3 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1907.

I HEREBY CERTIFY, That I attended deceased from

.....190o to .....190o.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at 10. P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Sudden

.....(DURATION).....DAYS

Con'tributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) Fred'k Curatter M.D.

Address Corner N. Ave.

Date April 2 1907

Place of Burial St Alphonsus

Date April 3 1907

Undertaker Krauss Brothers

Address 1907 Eastern Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D.....

120V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gottfried Wissmann

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 80 years D.99818

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male.
COLOR	white
DATE OF BIRTH	April 1st 1825
AGE	85 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/3/ 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	April 1 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1906 to April 1 1907

that I last saw him alive on April 1 1907.

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffused nephritis, Arteriosclerosis.

(DURATION) DAYS

Contributory (Primary) Bronchopneumonia (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date April 1 1907

Place of Burial Mt. Carmel

Date April 2 1907

Undertaker H Sands & Sons

Address 1710 Canton av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

90r

(Place of Death.) No. 507 N. Chester St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John W Clark

{ Residence, if in Baltimore, Give Street and Number. } 507. N Chester

B. 998/9

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov - 4th - 1855

AGE: 51 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Anthony Clarke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Clarke

(Address) 507 N Chester

Filed Apr 2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

C. H. & B

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1907

I HEREBY CERTIFY, That I attended deceased from Chs Cerna 190.. to 190.. that I last saw h.. alive on .. 190.. and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphixia

.. (DURATION) .. DAYS

Contributory (Primary.) Pneumonia

.. (DURATION) .. DAYS

(Signed) E. Irving Jones M.D.

Address 1744 N Monta

Date April 1st 1907

Place of Burial Holy Redeemer

Date April 3rd 1907

Undertaker C. I. Hamming

Address 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

99820

92V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 N Stockton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ennels Johnson

{Residence, if in Baltimore, Give Street and Number.} 1313 S Stockton St

Duration of Residence in Baltimore. all life - 7 mos.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	colored
DATE OF BIRTH	Sept. 21 1907
AGE	..... years, 7 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	X
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Richard E. Johnson
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Henrietta J Myers
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Johnson

(Address) 1313 Stocton St

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to April 1 1907 that I last saw h im alive on April 1 1907, and that death occurred, on the date stated above, at 1:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs & Constant Convulsions (DURATION) 3 DAYS

Contributory (Primary.) Pneumonia (DURATION) 5 DAYS

(Signed) Wm H Wright M.D.

Address 1373 N. Carey St

Date April 2, 1907

Place of Burial Mt. Zion Cemetery

Date April 3 1907

Undertaker Wm. J. Johnson

Address 611 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

936

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 99821

Registered No. B.....

City of Baltimore, (No. 125 N. Lafayette ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Blake

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Apr (Month) 3rd (Day) 1907 (Year)

AGE: 71 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Blake

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lucy Grossman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A Blake

(Address) 125 Lafayette ave

Filed 4/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 31 1907 to April 3rd 1907 that I last saw her alive on April 3rd 1907, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(DURATION) 4 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H K Fenwick M. D.

4-3- 1907 (Address) 207 N Eutaw st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Chesapeake Beach Md — DATE OF BURIAL: Apr 5 1907

UNDERTAKER: Calvert Co — ADDRESS: 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 — Registered No. B 93525

CERTIFICATE OF DEATH.

1794

(Place of Death.) No. 1635 Little Walsh St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Angilina Liberta

{ Residence, if in Baltimore, Give Street and Number. } 1635 Little Walsh

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W
DATE OF BIRTH	Dec. 18th 1906
AGE	....years, 3 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Gus Liberto
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Rosina Agnic
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosina Agnic

(Address) 1635 Little Walsh St

Filed 4/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1906 to April 2nd 1907

that I last saw h er alive on April 2nd 1907,

and that death occurred, on the date stated above, at ....P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus +

heart failure

(DURATION) 6 DAYS

Contributory (Primary.) Congenital debility

(DURATION) — DAYS

(Signed) S. Demarco M.D.

Address 1604 Lidenhan

Date April 3 24 1907

Place of Burial St Vincent Cem

Date April 4 1907

Undertaker John P Hough Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

930

CERTIFICATE OF DEATH. 99823

Registered No. B.....

City of Baltimore, (No. 520, Aldehorn Alley St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora Potts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Lewis Page

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lida Wisavage

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Mans Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Potts

(Address) 520 Aldehorn Alley

Filed 4/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to April 1 1907

that I last saw her alive on April 1 1907,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

Two weeks (DURATION) DAYS

Contributory Nephritis two weeks (DURATION) DAYS

(Signed) A. T. Vanderbeck M.D. M.D.

April 2 1907 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: April 3 1907

UNDERTAKER: R. Kuffelbach | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) ... e person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99824

City of Baltimore, (No. Wiley ave & old Pimlico Rd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jane Peacock

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: about 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schuele

(Address) Wiley ave.

Filed 4/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 4 (Month) ..... 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to ..... 190.....

that ~~I last saw~~ h ..... alive on Feb 19 1907.

and that death occurred, on the date stated above, at ..... A. M. The CAUSE OF DEATH was as follows:

Paresis

did not need any treatment died from exhaustion

(DURATION) 2 yrs DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A C Pole M. D.

apr 2 1907 (Address) 2038 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Stone Chapel — DATE OF BURIAL: April 3 1907

UNDERTAKER: John E Brough & Son — ADDRESS: 2 Reservoir

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522- Boyle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwd E. Luckhardt

{Residence, if in Baltimore, Give Street and Number.} 1522 Boyle St

Duration of Residence in Baltimore. Life

D. 99625

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 6th 1902

AGE: 4 years, 7 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Luckhardt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Alletta Kuhn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Luckhardt

(Address) 1522 Boyle st.

Filed 4/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 2 1907

I HEREBY CERTIFY, That I attended deceased from Mar 31 1907 to April 2 1907

that I last saw h[illegible] alive on April 1 1907,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date April 2 1907

Place of Burial Cedar Hill

Date April 3d 1907

Undertaker Jos. Stuntebeck

Address 518 Light

2 PM

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99826

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

34 V

CERTIFICATE OF DEATH.

Registered No. B 99826

City of Baltimore, (No. 624 N. Franklin St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Charles H. Hooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cumberland Md

FULL NAME OF FATHER: John Hooper

BIRTHPLACE OF FATHER (State or country): Cumberland md

MAIDEN NAME OF MOTHER: Lucy M Hooper

BIRTHPLACE OF MOTHER (State or country): Cumberland md

OCCUPATION OF DECEASED: clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard St

Filed 4/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 18th 1907 to Apr. 2 1907

that I last saw h[im] alive on Apr 2 1907,

and that death occurred, on the date stated above, at 6.10 P.M. The CAUSE OF DEATH was as follows:

Cardiac Paralysis

..... (DURATION) ..... DAYS

Contributory Tuberculosis of Liver

..... (DURATION) ..... DAYS

(Signed) E. M. Delauney M. D.

Apr. 2 1907 (Address) 242 N. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cumberland Md	April 3rd 1907
UNDERTAKER	**ADDRESS**
John J Fields	1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 V

CERTIFICATE OF DEATH. 99827

Registered No. B

City of Baltimore, (No. 2234, Lawley, St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Millers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jacob Schmitz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schmitz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Nun 8

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Miller

(Address) 2234 Lawley St

Filed 4/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to April 1st 1907 that I last saw h[illegible] alive on April 1st 1907, and that death occurred, on the date stated above, at 11 45 P.M. The CAUSE OF DEATH was as follows:

Acute indigestion.

..... (DURATION) ..... DAYS

Contributory Heart. Intoral hemiplegia. (DURATION) — DAYS

(Signed) C. H. Grundy M. D.

April 2d 1907 (Address) 2 E. Pats & Tulane

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park / Cath. Ground — DATE OF BURIAL: Apr. 4th 1907

UNDERTAKER: Wendell Lippel & Son — ADDRESS: 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

99828

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Tobias Kilmer.

{ Residence, if in Baltimore, Give Street and Number. } Cecilton, Md.

Duration of Residence in Baltimore.

B 99828

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Langley

(Address) Md. General Hospital

Filed 4/3 1907 HENRY C. ANDRAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2, 1907

I HEREBY CERTIFY, That I attended deceased from Mar 8, 1907 to Apr. 2, 1907 that I last saw her alive on Apr. 2 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Ulceration & Stricture of Rectum. Operation performed.

(DURATION) DAYS

Contributory (Primary.) Cachexia

(DURATION) DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hosp.

Date Apr. 2, 1907

Place of Burial Oakland Md

Date April - 3rd 1907

Undertaker W. M. Gaulthrop

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 1907

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Thomas

{Residence, if in Baltimore, Give Street and Number.} 112 Perry St

Duration of Residence in Baltimore.....

B 49829

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/3/ 1907

HARRY C. ARLEN,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to April 2 1907

that I last saw h.. alive on April 2 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date April 2 1907

Place of Burial Mt Auburn

Date April 3 1907

Undertaker Jos. L. Bloom & Son

Address 408 Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

1201

CERTIFICATE OF DEATH.

(Place of Death.) No. 1143 Bowen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Juliet M. Spies

{Residence, if in Baltimore, Give Street and Number.} 1143 Bowen St

Duration of Residence in Baltimore. 25 yr

D 99830

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 31st 1882

AGE: 24 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Sewell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Juliet Murdock

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P Spies

(Address) 1143 Bowen

Filed 4/3 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 — 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to April 2 1907 that I last saw h[illegible] alive on April 2d 1907, and that death occurred, on the date stated above, at 5'30 a M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis —

(DURATION) 3 DAYS

Contributory (Primary.) Uremia (DURATION) 1 DAYS

(Signed) Edw Grenfell M.D.

Address 511 Lexington

Date April 2 1907

Place of Burial Loudon Park

Date Apr 4 1907

Undertaker Wm. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79 ✓

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Clooke

{Residence, if in Baltimore, Give Street and Number.} 524 W. Lanvale

Duration of Residence in Baltimore. All Life - 70 yrs. B 99931

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Bailey

(Address) 916 Greenwillow Ct

Filed 4/3/07 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 1 1907

I HEREBY CERTIFY, That I attended deceased from Mar 24 1907 to Apr 1 1907

that I last saw him alive on Apr 1 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) 1 DAYS

Contributory (Primary.) Myocarditis

(DURATION) 2 mos. ~~DAYS~~

(Signed) C.L. Jamison M.D.

Address St. Joseph's Hospital

Date Apr. 2 1907

Place of Burial Laurel

Date 4/4 1907

Undertaker Alex Hennesey

Address 57 & 59 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

9983

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Jas. & Ray Schmuckler

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH March 4 1907

AGE ..... years, ... months, 29 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Jas. Schmuckler.

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Ray Behrman.

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Schmuckler

(Address) 1138 Low St.

Filed 4/3 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to April 2 1907

that I last saw him alive on April 2 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis of leg & thigh
Septicaemia.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date April 2 1907

Place of Burial Phila. road Rosedale

Date April 3 1907

Undertaker Max Rukinson

Address 1620 N. Eden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7

CERTIFICATE OF DEATH.

1516

(Place of Death.) No. 414 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Campbell ~~Hoffhouse~~

{Residence, if in Baltimore, Give Street and Number.} ~~Light~~ Forrest Hill, Md.

Duration of Residence in Baltimore. Life

D 99833

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 1st, 1907.

AGE: — years, — months, One day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James A. Campbell

BIRTHPLACE OF FATHER (State or country): Harford Co. Md.

MAIDEN NAME OF MOTHER: Catherine Howell

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Campbell

(Address) Forrest Hill, Md.

Filed 4/3/1907

HARRY C. ARNOLD, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd, 1907

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to April 2, 1907 that I last saw h[illegible] alive on April 2 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth
6½ months gestation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Cunningham M.D.

Address 653 Columbia Ave.

Date April 2nd 1907

Place of Burial Forest Hill Cemetery

Date April 3rd 1907

Undertaker C. H. McCormick

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B 99834

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estrella Blocumm

{Residence, if in Baltimore, Give Street and Number.} 51 N. Dallas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH	1
AGE	21 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Fields

(Address) #57 N. Dallas St.

Filed 4/3 1907 HARRY C. INDRAS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to April 2 1907

that I last saw her alive on April 2 1907 at 2.30

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lymphatic Leukaemia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital 4/2

Date 1907

Place of Burial Laurel

Date April 3 1907

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

99835
120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2107 St. Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Badger Brown

{ Residence, if in Baltimore, Give Street and Number. } 2107 St. Paul street

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 5 1838

AGE: 68 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: John B. Brown

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Caroline Kelly

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Katherine Parr Kelly

(Address) 2107 St Paul st

Filed 4/3 1907

HARRY O. ANDR[illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2d 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to April 2 1907

that I last saw h[illegible] alive on March 31st 1907

and that death occurred, on the date stated above, at 8-30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis with Dilatation

Chronic Brown Nephritis

Anaemia

(DURATION) DAYS

Contributory (Primary.) Oedema

Exhaustion (DURATION) DAYS

(Signed) J. C. Harrison M.D.

Address 3 W North Ave

Date April 2d 1907

Place of Burial Greenmount Cemetery

Date April 4 1907

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 9.8.36 ✓

(Place of Death.) No. 18 Hill St Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys N. Mathers

{ Residence, if in Baltimore, Give Street and Number. } 18 Hill St Hampden Balto Md

Duration of Residence in Baltimore. Life Mother

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 17 1904

AGE: 3 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Wm N Mathers

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: E. Terry

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm N. Mathers

(Address) 18 Hill St

Filed 4/3 1907

Registrar

COUNTY O.? ANDREWS
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Mar 30th 1907 to Apr 3rd 1907 that I last saw her alive on Apr 2nd 1907, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chicken Pox following Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Measles

(DURATION) 16 DAYS

(Signed) C. W. Didenhover M.D.

Address 90 Thirteenth ave

Date Apr 3rd 1907

Place of Burial St Marys Hampden

Date Apr 3rd 1907

Undertaker Wm E Chenowetth & Son

Address 919 3rd Ave

Ward ..... Registered No. B 99837

CERTIFICATE OF DEATH.

930 V

(Place of Death.) No. 615 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Viola R Brooks

{ Residence, if in Baltimore, Give Street and Number. } 615 George Street

Duration of Residence in Baltimore. Since Birth B 99837

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem
COLOR	Col
DATE OF BIRTH	July 13 1906
AGE	8 months 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Peter L. Brooks
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Bessie Ringold
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter L. Brooks

(Address) 615 George St

Filed 4/3 1907

HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2, 1907

I HEREBY CERTIFY, That I attended deceased from March 11, 1907, to April 2 1907

that I last saw h alive on April 2 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

which developed

few days Ago.

(DURATION) 23 DAYS

Contributory (Primary.) Pneumonia

Bronchitis (DURATION) 21 DAYS

(Signed) J M Campbell M.D.

Address 1369 N Carey

Date April 3 1907

Place of Burial Loudon Park

Date April 4th 1907

Undertaker Sam'l F Cook

Address 1011 N. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

99838 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Beck

{Residence, if in Baltimore, Give Street and Number.} 2441 E. Preston St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 8 1877

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ferdinand Beck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hermine Beck

(Address) 2441 E Preston St

Filed 4/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to April 3 1907

that I last saw h[illegible] alive on April 3 1907

and that death occurred, on the date stated above, at 1.45 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral thrombosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Hawee Cushing M.D.

Address Johns Hopkins Hospital

Date 4/3 1907

Place of Burial Baltimore Cemetery

Date April 5th 1907

Undertaker Gilbert & Fuller

Address 305 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99839 Registered No. B ..... 130 V

CERTIFICATE OF DEATH.

Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph H Heuck

{ Residence, if in Baltimore, Give Street and Number. } Heuck

Duration of Residence in Baltimore.....

B 99839

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Sign Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/3-1907

HENRY O. ARDRAYS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 31 1907 to April 2 1907

that I last saw h in alive on April 2 1907

and that death occurred, on the date stated above, at 2nd P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffused Nephritis, Uraemic Hemiplegia, Probable Coma Duration 2 days

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 2 1907

Place of Burial .....

Date ..... APR 4 - 1907 ..... 190 .....

Undertaker ..... Armstrong Denny Co.

Address ..... 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, STATE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 99840

Registered No. B.....

City of Baltimore, (No. 93 S. Carrollton ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kate M. Seelye

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 5 1837 (Month) (Day) (Year)

AGE: 70 years, 0 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Phila. Pa

FULL NAME OF FATHER: Jos. Leabourne

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Martha Giles

BIRTHPLACE OF MOTHER (State or country): Phila. Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse A. M. Seelye

(Address) 93 S. Carrollton Ave,

Filed 4/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to April 1 1907 that I last saw her alive on April 1, 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Old Age,

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) Julia A. Downes, M. D.

April 2 1907 (Address) 1617 Madison ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: April 2 1907

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Druid Hill & Lafayette Aves. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)
(Home of the Friendless)

Full Name Georgiana Joiner

{Residence, if in Baltimore, Give Street and Number.} Home of the Friendless

Duration of Residence in Baltimore. 8 months.

B99841

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 7th 1905.

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Kent Co - Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. F. Butler

(Address) Home of the Friendless

Filed 4/13 1907 HARRY C. [illegible] Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3, 1907.

I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1907. to Apr. 3, 1907.

that I last saw her alive on Apr. 3, 1907. at 10.15 A.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Measles

(DURATION) 14 DAYS

(Signed) W. Edw. Magruder, M.D.
C. Lee Elliott, M.D.

Address 922 Madison Ave

Date April 3, 1907.

Place of Burial London Park

Date April 4th 1907

Undertaker Charles E Franck

Address 746 N Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

City [If d... giv...

SEX

DATE

AGE

SINGL... WIDO...

BIRTH (State...

FULL OF FA...

BIRTH OF FA... (State...

MAIDE... OF MO...

BIRTH OF MO... (State...

OCCUP... OF DE...

THE A... BEST...

(Inform...

Filed 4/...

CERTIFICATE OF DEATH.

(Place of Death.) No. 1173 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E. Higgins

{Residence, if in Baltimore, Give Street and Number.} 1173 W Hamburg St.

Duration of Residence in Baltimore. Life B 99842

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 31 1870
AGE	37 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Thomas Higgins
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catharine Burns
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Higgins

(Address) 1173 W. Hamburg st.

Filed 4/3 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to April 1 1907

that I last saw him alive on April 1 1907,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

About 3 months (DURATION) ..... DAYS

Contributory (Primary.) asthenia

(DURATION) 1 DAYS

(Signed) E. Frost M.D.

Address 355 Columbia ave

Date April 3 1907

Place of Burial Bonnie Brae Cemetery

Date April 4th 1907

Undertaker James Digman & Son

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Regis...

CERTIFICATE OF DEATH.

454

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Malinda Hobbs

{ Residence, if in Baltimore, Give Street and Number. } Greensboro N C.

D.99843

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 52 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): N C.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Housework.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johnstonore

(Address) Greensboro N.C.

Filed April 4th 1907

HARRY O. ANDREWS PERMIT CLERK Registrar

C.S.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to April 3 1907

that I last saw h[illegible] alive on April 3 1907 3.50 P.M.

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of the Pancreas

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hosp

Date 4/3 1907

Place of Burial Greensboro N.C.

Date April 4th 1907

Undertaker H. S Fry

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

99844

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances G. Whiting

{Residence, if in Baltimore, Give Street and Number.} 1410 Monroe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: White
DATE OF BIRTH: Aug 7th 1906	
AGE: — years, 7 mont's, 25 days	
SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: W. L. Whiting	
BIRTHPLACE OF FATHER (State or country): Connecticut	
MAIDEN NAME OF MOTHER: Addie A Bernstein	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. Whiting

(Address) 1410 Monroe St

Filed 4/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: April 2nd 1907	

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Commission

died suddenly (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Allan Baldwin M.D.

Address 700 Laf. av. (Commn)

Date April 2nd 1907

Place of Burial Loudon Park Cemetery

Date April 5th 1907

Undertaker Bertram Bottorff

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

D10

(Place of Death.) No. 1418 N. Collington Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Olver.

{Residence, if in Baltimore, Give Street and Number.} 1418 N. Collington Av

Duration of Residence in Baltimore. Life

D.99845

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 4th 1860

AGE: 46 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Olver

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Susannah Griffith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Olver

(Address) 2323 Essex St.

Filed 4/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3d 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to April 7 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 5.70 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) E. E. Edwards M.D.

Address 149 E Eager St

Date June 4th 1907

Place of Burial Mt Carmel

Date April 5th 1907

Undertaker D. Sanger & Son

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99846

City of Baltimore, (No. 1711 N Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John L. Mason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Mason

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Janie Wood

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Mason

(Address) 1711 N Dallas st

Filed 4/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 2 1907 that I last saw him alive on April 2 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Acute Endocarditis +
Cardiac Insufficiency

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) R P Cannon M. D.

April 2 1907 (Address) 1701 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	April 6 1907
UNDERTAKER	ADDRESS
Geo H Hooker	609 Little Pac

WM. J. C. DULANY CO., BALTIMORE

1514 N Dallas st ✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 Burrough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie M. Lowry

{Residence, if in Baltimore, Give Street and Number.} 1608 Burrough St

Duration of Residence in Baltimore. Life time

D. 99847

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 22 1899

AGE: 7 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Lowry

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Elenora Benner

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Lowry

(Address) 1608 Burrough St

Filed 4/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 ed 1907

I HEREBY CERTIFY, That I attended deceased from Apr 1 1907 to Apr 1 1907 that I last saw her alive on Apr 1 1907 and that death occurred, on the date stated above, at 0 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental death

Convulsions

Kicked by a horse March 11 07

No Dignet necessary

Cath M Reinhardt M.D. Coroner

(DURATION) DAYS

Con'tributory (Primary.) Fracture of the skull. (DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 578 Hanover St.

Date April 2. 1907 1907

Place of Burial Cedar Hill Cemetery

Date April 4th 1907

Undertaker Edw. J. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Martin Schuster

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

D. 99848

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1861

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Schuster

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Schuster

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Supt.

(Address) BAY VIEW ASYLUM

Filed 4/4 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 3 1907

that I last saw h[illegible] alive on April 3 1907

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tabes Mesenterica

Bronchio Pneumonia

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 8 1907

Place of Burial Holy Redeemer

Date April 5 th 1907

Undertaker A. Fink & Son

Address 926 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 2257 W. Madiera St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Bertrude Henson

{Residence, if in Baltimore, Give Street and Number.} 2017 N. Madiera Street

Duration of Residence in Baltimore. since birth. D9984

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

1

AGE: 11 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Samuel Henson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Gantie Barkley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Doctor Samuel Henson

(Address) 608 N. Madary st.

Filed 4/4 1907

HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3rd April 1907

I HEREBY CERTIFY, That I attended deceased from on 2nd April 1907 to — 190—

that I last saw h— alive on 2nd April 190 7,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophied Cirrhosis of the Liver.

(DURATION) ? DAYS

Contributory (Primary) Exhaustion

(DURATION) ? DAYS

(Signed) E. Eu. Bayle M.D.

Address 148 Lemmon St.

Date 3rd April 1907

Place of Burial Laurel

Date April 4 1907

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 1066 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Scritner

{Residence, if in Baltimore, Give Street and Number.} 1066 Raborg St

Duration of Residence in Baltimore. Life

D-9950

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem'l

COLOR Blk

DATE OF BIRTH Unknown 1

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ad Jones

(Address) 236 N Schroeder st

Filed 4/4 1907

HENRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to April 2 1907

that I last saw her alive on April 2 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

1 Yr. (DURATION) DAYS

Contributory (Primary.) Asthenia

3 days. (DURATION) DAYS

(Signed) J. Howard M.D.

Address 239 W Fayette

Date April 3 1907

Place of Burial Laurel Cemetery

Date April 5 1907

Undertaker R. A. Gilbert

Address 506 Rogers

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Joseph Hasbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry E. Driggs

{Residence, if in Baltimore, Give Street and Number.} Balto Co

B. 99857

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED unknown

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Valentine

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Green

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Green

(Address) Ruxton Ave

Filed 4/4 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1030 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fatal shot wound of abdomen.

(DURATION) DAYS

Contributory (Primary.) Homicide

(DURATION) DAYS

(Signed) Greg K Cameron M.D.

Address Coroner

Date April 4 — 07 190

Place of Burial Bear Hill Cemetery Balto Co Md

Date April 5 190 7

Undertaker P. P. Ecclestt

Address 506 Ruxton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Bailey

{Residence, if in Baltimore, Give Street and Number.} 2420 Belmont Ave.

Duration of Residence in Baltimore. 2 yo - D 99852

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH —— 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Wife (Informant) Mary F Bailey

(Address) 2420 Belmont Ave

Filed 4/4 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from March 29 1907 to April 2 1907 that I last saw h[e] alive on April 2 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L Jamison M.D.

Address St Joseph Hospital

Date April 2 1907

Place of Burial Cockeysville Balto Co Md

Date April 4 — 1907

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 99853

Registered No. B

City of Baltimore, (No. 2133 McCulloh St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[if death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adolph Sommerfeld

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January (Month) 14th (Day) 1829 (Year)

AGE: 78 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Judah Sommerfeld

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired from business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Rose Sommerfeld

(Address) 2133 McCulloh St

Filed 4/4 1907

HARRY C. ANDRAE, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 1 1907 to April 3 1907 that I last saw h alive on April 2 1907, and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Emphysema. Arterio sclerosis

Cardiac dilatation (DURATION) 90 DAYS

Contributory Cardiac failure

(DURATION) 1 DAYS

(Signed) O L Hausmann M.D.

April 3 1907 (Address) 330 Professional Bldg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Oheb Shalom Cemetery

DATE OF BURIAL: Apr 4 1907

UNDERTAKER: Jacob Ahrens

ADDRESS: 754 N Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 438 N Gay St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Flora Cohen

{ Residence, if in Baltimore, Give Street and Number. } 438 N Gay St

Duration of Residence in Baltimore. 4 years

D 99864

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm D Corse

(Address) Gardenville Md

Filed Apl 4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Apl 1907

that I last saw h[illegible] alive on Apl 2 1907,

and that death occurred, on the date stated above, at 9 a m.

CAUSE OF DEATH (Secondary or Immediate)

Bright's disease

Valvular disease of heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm D Corse M.D.

Address Gardenville Md

Date Apl 3 1907

Place of Burial Fells Point Hebrew

Date April 4 1907

Undertaker J Hynes & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stonhope Tifty

{Residence, if in Baltimore, Give Street and Number.} 1210 Edward St.

Duration of Residence in Baltimore.

D 99855

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Black

DATE OF BIRTH 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patients Friends

(Address) 1210 Edward St.

Filed 4/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 2 1907

I HEREBY CERTIFY, That I attended deceased from Apr 1 1907 to Apr 2 1907

that I last saw h in alive on Apr 2 1907,

and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

+ Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. H. Fleagel M.D.

Address St. Joseph's Hosp.

Date Apr 3 1907

Place of Burial JOHNS HOPKINS HOSPITAL APR 3 - 1907

Date 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOS

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

111

Ward 12 99856 Registered No. 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Russell

{Residence, if in Baltimore, Give Street and Number.} 1102 William St.

Duration of Residence in Baltimore. Lifetime

D 99856

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: April 2 1907

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Russell

BIRTHPLACE OF FATHER (State or country): Balto, Md.

MAIDEN NAME OF MOTHER: Catherine Winterhood

BIRTHPLACE OF MOTHER (State or country): Wash. D. C.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherine Russell

(Address) 1102 William St.

Filed 4/4 1907

HENRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1907

I HEREBY CERTIFY, That I attended deceased from April 2nd 1907 to April 3rd 1907

that I last saw her alive on April 2nd 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth (6th month)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. J. O'Donnell M.D.

Address 1340 S Charles St

Date April 3rd 1907

Place of Burial Mt. Olivet Cemetery.

Date Apr. 4, 1907

Undertaker H. W. Means and Son

Address 705 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 East 21st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Emrich

{ Residence, if in Baltimore, Give Street and Number. } 530 East 21st. St.

Duration of Residence in Baltimore. 55 Years

B9985D

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 25 1829

AGE: 78 years, 0 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christoph Dressel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Ebrlitzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Frank Bowers

(Address) 530 E. 21st. St.

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to April 25 1907

that I last saw her alive on April 1st 1907,

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) ..... DAYS

Contributory (Primary) Cerebral hemorrhage

from history (DURATION) 8 days

(Signed) Chas Reynolds M.D.

Address 809 N Charles

Date April 30 1907

Place of Burial Baltimore Cemetery

Date April 4, 1907

Undertaker Henry W. Meas & Son

Address 505 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 453 Grindall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Mc Namee

{ Residence, if in Baltimore, Give Street and Number. } 520 E. Cross St

Duration of Residence in Baltimore. Life

P.9785

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 10 1901

AGE: 6 years, — months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baetimore Md

FULL NAME OF FATHER: James F Mc Namee

BIRTHPLACE OF FATHER (State or country): Baltimar Md

MAIDEN NAME OF MOTHER: Margaret Tighe

BIRTHPLACE OF MOTHER (State or country): Baltimar Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F Mc Namee (father)

(Address) 520 E Cross St

Filed 4/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Internal injuries

Having been caught between the spokes of a wagon while in motion. (DURATION) .... DAYS

Contributory (Primary.) .....

(DURATION) .... DAYS

(Signed) Otto Mc Reinhardt M.D.

Address Coroner

Date April 4. 1907

Place of Burial St. Peters Cemetery

Date April 4 1907

Undertaker Hall & Marot L. Funeral

Address 42 & West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF

(Place of Death.) No. 414 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary K. Kelley

{ Residence, if in Baltimore, Give Street and Number. } 414 S Chester St

Duration of Residence in Baltimore. Life

D 99859

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 23 1907

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H. Kelley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Helen Schmelz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Kelley

(Address) 414 S. Chester St

Filed 4/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2" 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 2" 1907 that I last saw her alive on April 2" 1907, and that death occurred, on the date stated above, at 11-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 1 DAYS

Contributory (Primary.) consd

(DURATION) DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date April 3" 1907

Place of Burial Balto. Cemetery

Date April 4" 1907

Undertaker H. Saunders Sons

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 99860 Registered No. B 99860

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 S Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Meister

{Residence, if in Baltimore, Give Street and Number.} 800 S Milton Ave

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 2 1907
AGE	66 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	— Smith
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Do not Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	House work,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Meister

(Address) 800 S. Milton Ave.

Filed 4/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to April 2 1907 that I last saw her alive on April 2 1907, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date April 3 1907

Place of Burial Ft. Davis Cemetery

Date April 4th 1907

Undertaker H. Zander & Sons.

Address 1718 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 99861

99861

CERTIFICATE OF DEATH.

1174

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Peck.

{Residence, if in Baltimore, Give Street and Number.} 329 E. Lanvale St.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 46 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Saratoga Springs N.Y.
FULL NAME OF FATHER	Wm Peck.
BIRTHPLACE OF FATHER (State or country)	Barton Mass.
MAIDEN NAME OF MOTHER	Gabrilla Kemp.
BIRTHPLACE OF MOTHER (State or country)	Saratoga Springs N.Y.
OCCUPATION OF DECEASED	Glass worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Chapman

(Address) 1424 Lindsell Ave

Filed 4/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1907 to Apr. 3, 1907

that I last saw him alive on Apr. 3, 1907,

and that death occurred, on the date stated above, at 12-30 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Atrophic cirrhosis of liver. Ehipllapsy performed for relief of Ascites. (DURATION) DAYS

Con'ributory (Primary.) Cardiac failure (DURATION) DAYS

(Signed) E. E. Laughlin, M.D.

Address Md. Gen. Hosp.

Date Apr. 3, 1907

Place of Burial Baltimore Cem.

Date April 5 1907

Undertaker Wm Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

99862

Registered No. B

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 535 S Bantlan (Bentalou) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia A Bayard

{ Residence, if in Baltimore, Give Street and Number. } 535 S Bantlan St

Duration of Residence in Baltimore. 18 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH [illegible]

AGE 83 years, 1 months, 5 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George C Carson

(Address) 535 S Bantlan St

Filed 4/4 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907

I HEREBY CERTIFY, That I attended deceased from Mch 26 1907 to April 3 1907

that I last saw her alive on April 3 1907,

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 7 DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 1705 Hollins st

Date April 3 1907

Place of Burial Mt Olivet Cem

Date Apr 6 1907

Undertaker Lemmon Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 14060

CERTIFICATE OF DEATH.

(Place of Death.) No. 1237 E Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Snyder

{Residence, if in Baltimore, Give Street and Number.} 1237 E Lexington St

B. 94863

Duration of Residence in Baltimore. Eight Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Davie Schnyder

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Beckie Samuelson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam green.

(Address) 1237 E Lexington st

Filed 4/4 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from March 20th 1907 to April 4th 1907

that I last saw h alive on March 20 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

Exhaustion

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Chambers M.D.

Address 18 W. Franklin St

Date April 4 1907

Place of Burial Rosedale Cem

Date April 4 1907

Undertaker Max Lazarow

Address 1025 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 99864

99864

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Collins

{Residence, if in Baltimore, Give Street and Number.} 525 Carrollton Ave

Duration of Residence in Baltimore. 50

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1825

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Timothy Sullivan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Flannery

(Address) 525 N Carrollton Ave

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to April 4 1907 that I last saw h er alive on April 3 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis

(DURATION) 3 DAYS

Contributory (Primary.) Muscular weakness of the Heart (DURATION) 14 DAYS

(Signed) John Hurley M.D.

Address 647 W Lafayette Ave

Date April 4th 1907

Place of Burial New Cathedral

Date April 6th 1907

Undertaker M Tahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 99865 Registered No. B 99865

CERTIFICATE OF DEATH.

154V

(Place of Death.) No. 805 S Ann St St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter M Brown

{ Residence, if in Baltimore, Give Street and Number. } 805 S Ann St

Duration of Residence in Baltimore. 56 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 30 1824

AGE 83 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Denmark

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cooper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Brown

(Address) 805 S Ann St

Filed 4/4 1907 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Mch 28 1907 to Apr 2 1907 that I last saw him alive on April 2 1907, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Exhaustion

(DURATION) 5 ~~Yrs~~ ~~DAYS~~ hrs

Contributory (Primary)

Old Age (General Breakdown) (DURATION) 4 DAYS

(Signed) August Horn M.D.

Address 40 E 25th St for St Paul

Date April 4th 1907

Place of Burial Mt Carmel Cem

Date April 4 1907

Undertaker Jos B Cook

Address 1002 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 99866 — Registered No. B 99866

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mollie C Edwards

{Residence, if in Baltimore, Give Street and Number.} 1006 W Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Feb 7 — 1905

AGE 2 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md Balto.

FULL NAME OF FATHER Lewis Edwards

BIRTHPLACE OF FATHER (State or country) Md Balto.

MAIDEN NAME OF MOTHER Mamie Kriener

BIRTHPLACE OF MOTHER (State or country) Md Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Edwards

(Address) 1006 W. Balto St

Filed 4/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 4 1907

I HEREBY CERTIFY, That I attended deceased from Mch 30 1907 to Apl 4 1907

that I last saw h[illegible] alive on Apl 4 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) 5 DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) 1 DAYS

(Signed) V L Norwood M.D.

Address 939 N. Payette St

Date Apl 4 1907

Place of Burial Mt Carmel Cem

Date April 5 1907

Undertaker Jos B Cook

Address 1002 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9986

City of Baltimore, (No. 1931 Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard J. Mc Farland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: July (Month) 12. (Day) 1889 (Year)
AGE: 17. years, 8 months, 21 days
SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~
BIRTHPLACE (State or country): Baltimore
FULL NAME OF FATHER: James L Mc Farland
BIRTHPLACE OF FATHER (State or country): Baltimore Md
MAIDEN NAME OF MOTHER: Mollie S. Trumbour
BIRTHPLACE OF MOTHER (State or country): Fredericksburg Md
OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L Mc Farland
(Address) 1931 Mosher St

Filed 4/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1 1907 to April 2 1907 that I last saw h im alive on April 2 1907. and that death occurred, on the date stated above, at 10 00 P. M. The CAUSE OF DEATH was as follows: HEART: (a)[primary] Mitral Stenosis (b) insufficiency. (c)(Secondary) Tricuspis insufficiency (d)(") Renal cirrhosis.

Eleven Years (DURATION) — DAYS

Contributory Renal cirrhosis; renal insufficiency. (DURATION) DAYS

(Signed) Pearce Kintzing M. D.

3d April 1907 (Address) 1823 N. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Ridge Cem	April 4 1907
UNDERTAKER	ADDRESS
Jos L Cook	1003 W Balto ✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 99868 Registered No. B 99868

CERTIFICATE OF DEATH.

4 V

(Place of Death.) No. 404 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Bertha A. Schultz

{Residence, if in Baltimore, Give Street and Number.} 404 N. Montford Ave

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 10th 1852

AGE 55 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. Frederick Schultz

(Address) 404 N. Montford Ave

Filed 4/4 1907 HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to April 2 1907

that I last saw her alive on March 28 1907

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fatal Syncope

(DURATION) Hours DAYS

Con tributory (Primary) Carcinoma uteri

and adnexa (DURATION) 306 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date April - 3 - 1907

Place of Burial St. Mathews Cem.

Date 4/5/07 1907

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] Registered No. 99869

99869

CERTIFICATE OF DEATH.

(Place of Death.) No. 1539 Ludlow St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Randall

{Residence, if in Baltimore, Give Street and Number.} 1539 Ludlow St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	23 Jan 1904
AGE	3 years, 2 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Thos. E. Randall
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Louisa Thiel
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Randall

(Address) 1539 Ludlow St

Filed 4/4 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3rd April 1907

I HEREBY CERTIFY, That I attended deceased from 22 March 1907 to 3rd Apl 1907

that I last saw him alive on 2nd Apl 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis.

& Uraemia.

(DURATION) 12 DAYS

Contributory (Primary.) Uraemic

Convulsions (DURATION) 1 DAY

(Signed) James Cooper M.D.

Address 1322 Hull St. City

Date 3rd April 1907

Place of Burial London Park

Date April 5 1907

Undertaker John E. Evans & Son

Address 1428 S. Charles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

998.0 998.70

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Skomuska

{ Residence, if in Baltimore, Give Street and Number. } #608 S. Ann St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to April 3 1907

that I last saw h alive on April 3 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia Double

Tobacco Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 3 1907

Place of Burial St Stanislaus.

Date Friday April 5 1907

Undertaker M F Sadowski

Address 703 S. Ann St

will Remove to #608 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd 9987 Registered No. B 9987 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Biedronski

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: April 2nd 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Biedronski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Veronika Bialek

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Biedronski

(Address) 613 S. Chapel St

Filed 4/4 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3d 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 3 1907 that I last saw him alive on April 3 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac insufficiency

(DURATION) 1 DAYS

Contributory (Primary.) Premature Birth 7 Months (DURATION) DAYS

(Signed) S. J. Szmurlo M.D.

Address 722 S. Ann St

Date April 3rd 1907

Place of Burial Holy Rosary

Date Thursday April 4. 1907

Undertaker M. J. Sadowski

Address 703 S. Ann St

2 P. M Thursday 4/06

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

Registered No. B 96872

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 S Ann St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Smudzuski

{ Residence, if in Baltimore, Give Street and Number. } Wife 721 S Ann St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Piotrowiak

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Kostowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: [illegible] wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Smudzuski

(Address) 721 S. Ann St

Filed 4/4 1907. HARRY O. ANDERS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 3 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to Apr 6 1907 that I last saw h[illegible] alive on Apr 3 1907, and that death occurred, on the date stated above, at 12 o M. CAUSE OF DEATH (Secondary or Immediate)

Post-Part.
Eclampsia

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) L O Blades M.D.

Address 121 Jackson Place

Date April 3 1907

Place of Burial St Stanislaus

Date Apr 6 1907

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. G. DUBANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99873 — Registered No. B 99873

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F Tyrrell

{ Residence, if in Baltimore, Give Street and Number. } 10-8 N Gay St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 3rd 1907

AGE: 36 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: do not Know

BIRTHPLACE OF FATHER (State or country): do not Know

MAIDEN NAME OF MOTHER: do not Know

BIRTHPLACE OF MOTHER (State or country): do not Know

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Holyday

(Address) BAY VIEW ASYLUM

Filed 4/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to April 3 1907

that I last saw h alive on April 3 1907

and that death occurred, on the date stated above, at 6.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl

Date April 3 1907

Place of Burial Providence R. I

Date Apr 5th 1907

Undertaker John J Fahey

Address 1252 Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 99874 — Registered No. B 99874

CERTIFICATE OF DEATH.

70 ✓

(Place of Death.) No. 726 N. Gay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Orsola Sala

{ Residence, if in Baltimore, Give Street and Number. } 726 N Gay St

Duration of Residence in Baltimore. 3 mo B. 99874

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — — 1879

AGE: 28 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Sala

(Address) 726 N. Gay St

Filed 4/4 190 7

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 2 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 1115 P. M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Edampsia

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Frecpa Cuneo M.D.

Address Coroners Office

Date April 2 - 07 190...

Place of Burial St. Vincents Cemetery

Date April 5th 190 7

Undertaker Germanus Thanes

Address 1845 & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... Registered No. B 99875

CERTIFICATE OF DEATH.

151V

Place of Death.) No. 1242 Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kayawa

{ Residence, if in Baltimore, Give Street and Number. } 1242 Canton st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: April 4 1907	
AGE: one Day — years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Joseph Kayawa	
BIRTHPLACE OF FATHER (State or country): Poland	
MAIDEN NAME OF MOTHER: Mary Novak	
BIRTHPLACE OF MOTHER (State or country): Poland	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kayawa

(Address) 1242 Canton St

Filed 4/4 1907

HENRY C. ANDRESS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from April 4th 1907 to April 4th 1907 that I last saw h alive on April 4th 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Died 1 hour after birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. N. Bluey M.D.

Address 25 Hudson st

Date April 4th 1907

Place of Burial St Mary Cem

Date April 4 1907

Undertaker Wendell Appel & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX 99876 Registered No. B

CERTIFICATE OF DEATH. 99876

(Place of Death.) No. St Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Roberts

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: March ? 1903

AGE: 4 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): ?

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt Superior

(Address) [illegible]

Filed 4/4 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to April 2 1907

that I last saw h— alive on April 2 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

?

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Stanton McAleer M.D.

Address 1609 Linden Ave

Date April 3- 1907

Place of Burial JOHNS HOPKINS HOSPITAL

APR 4 - 1907

Date ..... 190 ....

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURP[illegible]

WM. J. C. DULANY CO., Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 99877

(Place of Death.) No. St Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond W. Abrahams

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 8 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Sep. 4- 1901

AGE: 5 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Winchester Va

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Superior

(Address) .....

Filed 4/4 190 7 HARRY C. [illegible], PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 7 to April 2 1907

that I last saw h--- alive on 2 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

?

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Standish McKelvey M.D.

Address 1609 Linden Ave

Date April 3- 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date APR 4- 1907 190 ....

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be

Ward [illegible] Registered No. B 99878

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 Clipper Heights Balto Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gosman Stewart Poole

{Residence, if in Baltimore, Give Street and Number.} 5 Clipper Heights

Duration of Residence in Baltimore. 1 yr 11 mo 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Apr 22 1905
AGE	1 years, 11 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	John Hopkins Hospital
FULL NAME OF FATHER	Wm E. Poole
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jula. A Herrell
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jula A Poole

(Address) 5 Clipper Heights

Filed 4/4 1907

BARRY O. ARL[illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 4. 1907

I HEREBY CERTIFY, That I attended deceased from Mar 27 1907 to Apr 4 1907 that I last saw her alive on Apr 4 1907, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate) Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) measles

(DURATION) 3 DAYS

(Signed) Vernon F Kelly M.D.

Address 405 Falls Rd

Date Apr 4 1907

Place of Burial Mt Hope

Date Apr 5 1907

Undertaker J. E. Marshall

Address 3539 Lells Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 15 — Registered No. B 99879

99879

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Dft. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Carter~~ Cyril Asburn

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Dft. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: Feb 15 1907

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. D. Asy

Filed 4/4 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 2, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to Apr 2 1907

that I last saw h~~im~~ alive on Apr 1 1907,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1200 N Caroline

Date 4/3 1907

Place of Burial New Cathedral

Date April 4th 1907

Undertaker Martin Fahey & Sons

Address 611 E. Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99880 Registered No. B

CERTIFICATE OF DEATH.

99880 151

Place of Death.) No. St. Vincents Infts Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Walbrook

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infants Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: Mar 10 1907

AGE: ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/4 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 3, 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to Apr 3 1907 that I last saw him alive on Apr 2 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 Caroline St

Date 4/4 1907

Place of Burial New Cathedral

Date April 4th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 99381 Registered No. B 99381

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infk. Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Jones

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infk. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Feb. 9th 1907

AGE ..... years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 4/4 1907

HARRY O. ADAMS, DISTRICT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 2, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Apr 2 1907

that I last saw h alive on Apr 2 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 4/3 1907

Place of Burial New Cathedral Cypress & 4th

Date 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married **or** single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 99382

CERTIFICATE OF DEATH.

99382

(Place of Death.) No. St. Vincents Infl. Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Hinton

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infl. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Dec. 13 1906
AGE	..... years, 3 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Infl. Asy.

Filed 4/4 1907

REGISTRAR'S CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 4, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Apr. 4 1907 that I last saw him alive on Apr 3 1907, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St.

Date 4/4 1907

Place of Burial New Cathedral

Date April 4th 1907

Undertaker Martin Gahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B

CERTIFICATE OF DEATH.

1121

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John T. Davis

{ Residence, if in Baltimore, Give Street and Number. } 571 Pennsylvania Ave.

B. 9984 B

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Col.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Albert E. Thompson

(Address) 611 W. Lafayette Ave

Filed April 5th 1907 J. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to April 4 1907

that I last saw him alive on April 4 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

Cardiac Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Cirrhosis

of Liver (DURATION) ..... DAYS

(Signed) E. E. Dorsey M.D.

Address City Hospital

Date April 4 1907

Place of Burial Cedar Hill Cemetery

Date April 5 1907

Undertaker Armstrong & Young Co.

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 99884 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Tillman

{Residence, if in Baltimore, Give Street and Number.} 415 Courtland St

Duration of Residence in Baltimore. Life

P 99884

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH March 19 1907

AGE ——— years, ——— months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Tillman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Curtis

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Curtis Tillman

(Address) 415 Courtland St.

Filed 4/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to April 4 1907

that I last saw her alive on April 4 1907

and that death occurred, on the date stated above, at

a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 8m DAYS

(Contributory) (Primary) Inanition

(Pneumonia 8/12 mo) (DURATION) DAYS

(Signed) W. H. Dorsey M.D.

Address City Hospital

Date April 4th 1907

Place of Burial Mt. Auburn Cemetery

Date April 5th 1907

Undertaker Felix B. Pyes.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

99885 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr Louisa Weber

{Residence, if in Baltimore, Give Street and Number.} 503 McHenry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan 19 1864

AGE 43 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Weber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M Brown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Vest Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lottie Fritz

(Address) 1604 Lo Josephine

Filed 4/5-7 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to April 3 1907

that I last saw her alive on April 2 1907

and that death occurred, on the date stated above, at 2.26

M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) 30 DAYS

(Signed) Edw Grunfeld M.D.

Address 517 Lexington

Date April 3 1907

Place of Burial Woodlawn Cem

Date April 5 1907

Undertaker Wm B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99886

City of Baltimore, (No. 2131 Vine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth A. Mooney

~~PERSONAL~~ AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Dec. (Month) 9 (Day) 1903 (Year)

AGE: 3 years, 3 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Mooney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Anna L. Leary

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Mooney

(Address) 2131 Vine

Filed 4/5 1907

HARRY O. ANDREWS
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 26th 1907 to April 4th 1907 that I last saw h[illegible] alive on April 3rd 1907, and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 10 DAYS

Contributory Heart failure

(DURATION) 1 DAYS

(Signed) Wm. Nicholas M. D.

April 4th 1907 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Apr 6 1907

UNDERTAKER: Jos J. Cook | ADDRESS: 1003 N. Co

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9988?

City of Baltimore, (No. 232 W Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Louisa Kaeffner

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April the 2d 1907 (Month) (Day) (Year)
AGE	..... years, ... months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	~
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Joseph Kaeffner
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Sophia Snyder
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kaeffner

(Address) 232 W Saratoga

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... April 4 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to April 1907

that I last saw her alive on April 4 1907,

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH was as follows:

Pneumonia Croupous

Contributory ..... (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Mary A Ledeen M.D.

1907 (Address) 1116 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	4/5 1907
UNDERTAKER	ADDRESS
Wm J Schilling	9 S Poppleton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99888

City of Baltimore, (No. 3, Apels Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1880
AGE	27 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balt.
FULL NAME OF FATHER	Larkin Thomas
BIRTHPLACE OF FATHER (State or country)	Balt
MAIDEN NAME OF MOTHER	Susan Williams
BIRTHPLACE OF MOTHER (State or country)	Balt.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Thomas

(Address) 3 Apels Lane

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to April 3 1907

that I last saw him alive on April 2 1907,

and that death occurred, on the date stated above, at 6.30 A.M. The CAUSE OF DEATH was as follows:

Peritonitis (DURATION) 3 DAYS

Contributory Purulent Ulcer (DURATION) 3 mos.

(Signed) Howard W Jones M.D.

April 3 1907 (Address) Druming Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Translents, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Odd Fellows Cemetery	April 5 1907
UNDERTAKER Catonsville Md.	ADDRESS
Wm. J. Johnson	614 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99889

City of Baltimore, (No. 1820 N. Broadway ~~St.~~; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Rothert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 16th 1876 (Month) (Day) (Year)

AGE: 30 years, 7 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John H Rothert

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Isabella Stengelman

BIRTHPLACE OF MOTHER (State or country): Baltimore Cemetary

OCCUPATION OF DECEASED: Furniture Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph P Scott uncle

(Address) 729 N. Broadway

Filed 4/6 1907

HENRY C. [illegible]
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 4th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to Apr 4th 1907 that I last saw h— alive on Apr. 3rd 1907, and that death occurred, on the date stated above, at 12.20 A.M. The CAUSE OF DEATH was as follows:

Cerebral Embolism

Six weeks (DURATION) DAYS

Contributory Lardaceous Kidneys

Four months (DURATION) DAYS

(Signed) Clemens G Hiss M. D.

4/4 1907 (Address) 816 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Apr 6th 1907

UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 99890 Registered No. B [illegible]

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 1750 N Gay St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tony Lepre

{ Residence, if in Baltimore, Give Street and Number. } 1750 N Gay

Duration of Residence in Baltimore. Lefe

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX M / COLOR W	DATE OF DEATH April 4 1907
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~ that I last saw h~~im~~ alive on ~~1907~~, and that death occurred, on the date stated above, at 1130 a M.
AGE X years, X months, 5 days	CAUSE OF DEATH (Secondary or Immediate.)
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Baltimore	Premature
FULL NAME OF FATHER —	Utero Gest (7 mo)
BIRTHPLACE OF FATHER (State or country) —	(DURATION) DAYS
MAIDEN NAME OF MOTHER —	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) —	(DURATION) DAYS
OCCUPATION OF DECEASED —	(Signed) Guiseppi Cerulli M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address [illegible]
(Informant) —	Date April 4 '07 1907
(Address) —	Place of Burial St Vincent Cemetery
Filed 4/5 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar	Date April 5th 1907
	Undertaker Wm E. Dyer & Son
	Address 411 Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99891 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Milton M. Bush.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 9 Days

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male.	COLOR: White.
DATE OF BIRTH: 1	
AGE: 44 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): North Carolina.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. S. Bush

(Address) Hickory N. C.

Filed 4/5 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 27 1907 to Apr. 4, 1907 that I last saw him alive on Apr. 4, 1907 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic nephritis and Endocarditis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. S. Strouse M.D.

Address Johns Hopkins Hospital

Date April 4 1907

Place of Burial Hickory N. C.

Date April 5th 1907

Undertaker A. C. Fuller

Address 305 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 V

99892

Registered No. B 99892

1042

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 W Bare St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie S. Furst

{ Residence, if in Baltimore, Give Street and Number. } 523 W. Bare, St

Duration of Residence in Baltimore. about 67 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Jan 27 1830
AGE	77 years, 2 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John A Furst
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Furst

(Address) 523 W Bare St

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to April 3 1907

that I last saw her alive on April 2 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral

(DURATION) DAYS

Con'tributory (Primary.) Chronic

Gastritis (DURATION) DAYS

(Signed) S. M. Lemperin M.D.

Address 602 S Paca St

Date April 4 1907

Place of Burial London Park

Date Apr 6 1907

Undertaker Wm J. Dickenson

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

934

Registered No. B 99893

City of Baltimore, (No. 2026, McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fanny Simon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 17th 1831 (Month) (Day) (Year)

AGE: 75 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: M Strauss

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dr Emmeleder

(Address) 406 Druid Hill Ave

Filed 4/5 1907

HARRY C. INDEST, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 4 1907 that I last saw h[er] alive on April 4 1907, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3½ DAYS

Contributory Cardiac Failure

few hours (DURATION) DAYS

(Signed) Joseph E Grahame M. D.

April 5th 1907 (Address) 1516 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philadelphia Pa

DATE OF BURIAL: Apr 7 1907

UNDERTAKER: J Innes & Co

ADDRESS: 15 & M Entaw Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99894 Registered No. B 99894

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Martin

{ Residence, if in Baltimore, Give Street and Number. } 1901 Pulaski St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: about 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Robert Martin Sr

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Steward

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Marble Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles D Braun

(Address) 1329 Pt Conkad Ave

Filed 4/5 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from As Known 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.

Address 211 W. Lanvale

Date April 6 1907

Place of Burial Baltimore Cemetery

Date April 6 1907

Undertaker Wm J. Tuckner & Son

Address Pendleton & Pacific sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

1647

(Place of Death.) No. Univ. of Md. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh Boyd

{ Residence, if in Baltimore, Give Street and Number. } 2223 E. North Ave

Duration of Residence in Baltimore. Unknown B. 99895

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Hugh Boyd

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Dunfey

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Boyd

(Address) Wheeling W. Va

Filed 4/5/ 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from Ast Known 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull, accidentally fell while at work on Dinkins Bldg. Howard & Fayette St. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. P. Abbott M.D.

Address 211 N. Howard St.

Date 4. 5. 1907

Place of Burial Wheeling W. Va

Date April 8 1907

Undertaker H. E. Fuller

Address 305 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9985 Registered No. B 76V

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert J. Whitford

{ Residence, if in Baltimore, Give Street and Number. } 610 Robinson St. Balto. Md.

Duration of Residence in Baltimore. 8 mos. B-99896

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 1906

AGE: ~~8th~~ years, 8 months, ~~days~~

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Robt. D. Whitford

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. H. Hutchins M.D.

(Address) Church Home & Infirmary

Filed 4/5 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 3 1907 that I last saw h in alive on April 3 1907, and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Abscess of kidney with involvement of mastoid cells and glands of neck.

——— (DURATION) — DAYS

Contributory (Primary) ———

——— (DURATION) — DAYS

(Signed) E. H. Hutchins M.D.

Address Church Home and Infirmary

Date April 3 1907

Place of Burial Oaklawn Cem

Date April 5th 1907

Undertaker Jno A. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 998?

1762

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Isabella Robinson.

{ Residence, if in Baltimore, Give Street and Number. } 1073 W. Lexington St.

Duration of Residence in Baltimore.

D 99897

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black.
DATE OF BIRTH	4-3-07. 1
AGE	24 hrs.
	..... years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant.
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Jos. Press
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Isabella Robinson
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1907

I HEREBY CERTIFY, That I attended deceased from 4-2- 1907 to 4-3- 1907 that I last saw h.im alive on 4-3- 1907, and that death occurred, on the date stated above, at 5 9 M. CAUSE OF DEATH (Secondary or Immediate)

Inanition &
Asphixia due to
prolonged labor & pressure
on cord (DURATION) 12 hrs. DAYS

Contributory (Primary.) Mucous in lungs. (DURATION) 24 hrs. DAYS

(Signed) Wm. E. Tyson M.D.

Address 622 W. Lombard St.

Date April 4th 1907

Place of Burial JOHNS HOPKINS HOSPITAL APR 4 - 1907

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

112

Ward ..... Registered No. B .....

120V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Daniel Bracco

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

B 99898

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 28 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Lamar Hollyday, Supt.

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to April 2 1907

that I last saw him alive on April 2 1907

and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility, Chronic Diffuse Nephritis

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary) Epilepsy

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 2 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date April 3 1907

Undertaker William H Woodyer

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

111

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99899 — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 S Regester St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine Appel.

{Residence, if in Baltimore, Give Street and Number.} 104 S Regester St

Duration of Residence in Baltimore. 20 - Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 9 1847

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Schaffer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Margaret Schaffer

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry S Appel Jr

(Address) 104 S. Regester St

Filed 4/5/ 1907 HENRY F. HOFFMAN Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27th 1907 to April 3rd 1907

that I last saw h[illegible] alive on April 3rd 1907 at 4.30

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Maurice Rowe M.D.

Address 1535 E. Baltimore St

Date April 4th 1907

Place of Burial Trinity Cemetery

Date April 6 1907

Undertaker Robt J Turner

Address Broadway & Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99900 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1904 E. Lafayette av. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Nagle

{ Residence, if in Baltimore, Give Street and Number. } 1904 E Lafayette.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Sep 12 1864

AGE: 42 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Andrew Hetz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna D. Klehn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Hetz

(Address) 1904 E Lafayette.

Filed 4/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aprie 5TH 1907

I HEREBY CERTIFY, That I attended deceased from Mch 25 1907 to Apr. 3 1907

that I last saw h-er alive on Apr. 3 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary) Mitral Incompetency (DURATION) [redacted]

Dr. F. A. Gloute M.D.

Address 41 Eastern ave E.

Date Apr. 4 1907

Place of Burial London Park

Date Aprie 5th 1907

Undertaker E J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 99901 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Shields Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Benson

{Residence, if in Baltimore, Give Street and Number.} 1118 Shields alley

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1860

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Rebecca Sorrells

BIRTHPLACE OF MOTHER (State or country): West Virginia

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Neal

(Address) 1118 Shields al

Filed 4/7/1907 HENRY G. HARRIS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 19th 1907 to Apl 4th 1907 that I last saw her alive on Apl 3 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease (DURATION) 60 DAYS

Contributory (Primary.)

Cardiac Asthenia (DURATION) 30 DAYS

(Signed) Edward Gill Mackenzie M.D.

Address 1339 N. North Ave

Date April 6th 1907

Place of Burial Mount Auburn

Date April 6 1907

Undertaker John H. Ammerman

Address 1121 Eutaw pl

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99902

City of Baltimore. (No. 1643 W. Lanvale St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret McMahon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 21 (Day) 1872 (Year)

AGE: 34 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Robert Kerr

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Agnes Cromie

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Samuel McMahon

(Address) 1643 W. Lanvale St.

Filed 4/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec XX 1906 to April 3 1907

that I last saw h-r alive on April 3 1907,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

The result of Multiple Abscess

3 months (DURATION) days

Contributory Diabetes

Indefinite (DURATION) days

(Signed) D. L. Davis M. D.

April 4 1907 (Address) 908 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: April 6 1907

UNDERTAKER: Geo. Benz — ADDRESS: 554 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 47 Gorsuch ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna B. Spangler

{Residence, if in Baltimore, Give Street and Number.} 47 Gorsuch ave

Duration of Residence in Baltimore. Life

B 99903

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 15th 1866

AGE: 41 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Martin Eppler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Ann Zimmerman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ambrose Spangler

(Address) 47 Gorsuch ave

Filed 4/5/ 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4th 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 24 1907 to April 4th 1907

that I last saw h alive on April 3rd 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Intercurrent Asphyxiation

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 17 DAYS

(Signed) H. H. Brown M.D.

Address 647 Gorsuch ave

Date April 2d 1907

Place of Burial Holy Redeemer Cemetery

Date Apr. 6 1907

Undertaker Henry Hoeck & Son

Address 1321 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

99904

CERTIFICATE OF DEATH.

(Place of Death.) No. Hos. Homoe Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clement H. Signaled

{Residence, if in Baltimore, Give Street and Number.} 604 N. Mount St.

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: Christian Signaled

BIRTHPLACE OF FATHER (State or country): S. C.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Signaled

(Address) 604 N. Mount St.

Filed 4/5-07 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus

(DURATION) 12 DAYS

Contributory (Primary.) accidental injury to foot (DURATION) 12 DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette av. (Coroner)

Date April 4th 1907

Place of Burial New Cathedral

Date April 6 1907

Undertaker Wm. J. Schaeffer & Son

Address 8. S. Front St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99905

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 464 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie P. Lewis

{Residence, if in Baltimore, Give Street and Number.} 464 E. Lexington St.

Duration of Residence in Baltimore. 25 years.

D. 99905

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: ....1....

AGE: 50 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Norfolk, Va.

FULL NAME OF FATHER: Wm T. Morgan

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Catura Morgan

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catura Morgan

(Address) 464 E. Cross St.

Filed 4/5 1907

HENRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4 1907

I HEREBY CERTIFY, That I attended deceased from Apl 2 1907 to Apl 4 1907

that I last saw h alive on Apl 3 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

Acute Alcoholism (DURATION) 3 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) Robt. B. G. Leitch M.D.

Address 1318 E. Baltimore St

Date April 4 1907

Place of Burial Loudon Park

Date April 6th 1907

Undertaker H. & E. Culley

Address 807 Ridgely St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99906

City of Baltimore, (No. 27, Garrett Hospital N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Harman

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Nov 22 1906 (Month) (Day) (Year)
AGE	years, 4 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles Harman
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Emily M O'Neal
BIRTHPLACE OF MOTHER (State or country)	Dublin Ireland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H Harman

(Address) 910 Ryan St

Filed 4/5 1907

HENRY O. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Apr 4 1907

that I last saw h— alive on Apr 3 1907

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Broncho-pneumonia

1 mo (DURATION) DAYS

Contributory Syncope

(DURATION) — DAYS

(Signed) John Ruhrah M. D.

Apr 5 1907 (Address) 839 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 910 Ryan St, How long at Place of Death? Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	April 6 1907
UNDERTAKER	**ADDRESS**
Jas B Cook	1003 W Balto

Ward 1 9990 Registered No. B 166v

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Luke's Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Neil Veruck

{Residence, if in Baltimore, Give Street and Number.} Burnett

Duration of Residence in Baltimore. 3 months D. 99907

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: —— 1

AGE: 19 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) X

(Address)

Filed 4/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock,
Injuries to various parts
of body & fracture of skull
Accidental drowning (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Charles Leutweiler M.D.

Address 1st Ward Chas. Co. Coroner

Date 4-5-07 1907

Place of Burial Dayton Ohio

Date April 5 — 1907

Undertaker Wm. E. Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9 2/6

(Place of Death.) No. 606 Elm ave Hampden St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Effie S. May

{ Residence, if in Baltimore, Give Street and Number. } 606 Elm ave

Duration of Residence in Baltimore. Life

D. 99404

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov 20th 1906

AGE 1 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER H. A. May.

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Rose F. Davis

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. May.

(Address) 606 Elm Ave

Filed 4/6 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~March~~ April 3rd Third 1907

I HEREBY CERTIFY, That I attended deceased from ~~March~~ April 2 1907 to ~~March~~ April 3 1907

that I last saw her alive on ~~March~~ April 3 1907,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 403 Fonts Rd

Date ~~March~~ April 4 1907

Place of Burial St Marys Hampden

Date April 5 1907

Undertaker Wm E Ehemouth & Son

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 Bal

99909

CERTIFICATE OF DEATH.

6 ✓

(Place of Death.) No. 904 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Sirza

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: November 5 1903

AGE: 3 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Martin Sirza

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Antonina Kwyszkowska

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Sirza

(Address) 904 S. Wolf St

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from March 30 1907 to April 4 1907 that I last saw h.im alive on April 4 1907, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis

(DURATION) 5 DAYS

Contributory (Primary.) measles

(DURATION) 3 DAYS

(Signed) S. J. Szumalski M.D.

Address 1722 S. Ann St

Date April 5th 1907

Place of Burial Holy Rosary

Date Friday Apr 5th 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 39520

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Cor # 8 Locust Point St. 6

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Gunnyfer Jones

{ Residence, if in Baltimore, Give Street and Number. } 1118 Stockton St.

Duration of Residence in Baltimore. 15 yrs

B. 44910

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Don't know
AGE	51 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Stevedor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucinder Jones 6 Cor

(Address) 1118 Stockton St

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 11. 1907.

Body found April 4 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h——— alive on ——— 190,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M. Reinhardt M.D.

Coroner

Address

Date April 5 190

Place of Burial Loyola Cem

Date April 6 190 7

Undertaker Sam'l H. Stan[illegible]

Address 1011 N. Eutaw [illegible]

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27V

CERTIFICATE OF DEATH.

Registered No. B 99911

City of Baltimore, (No. 2034, Jefferson Pl. ~~St.~~, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles F. Hawkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —— (Month) 1 (Day) —— Year)

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Co.

FULL NAME OF FATHER: James Hawkins

BIRTHPLACE OF FATHER (State or country): Lancaster Pa

MAIDEN NAME OF MOTHER: Sydie C Hoffman

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hawkins.

(Address) 2034 Jeffersonplace

Filed 4/5/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to April 3, 1907

that I last saw him alive on " " 1907,

and that death occurred, on the date stated above, at 7 30 P.M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 2 DAYS

Contributory Chronic Pulmonary tuberculosis (DURATION) ? DAYS

(Signed) J. Lee Magruder M. D.

April 4 1907 (Address) 2204 N. Gay St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: April 6 1907

UNDERTAKER: Wm Cook | ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 9994 Registered No. B .....

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H Linzey

{ Residence, if in Baltimore, Give Street and Number. } ~~State~~ / Bay View

Duration of Residence in Baltimore. Life

B. 99912

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John H Linzey

BIRTHPLACE OF FATHER (State or country): / Balto

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/5 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to April 4 1907

that I last saw h alive on April 4 1907

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS.

Contributory (Primary) Exhaustion

(DURATION) ..... DAYS.

(Signed) R. Norris M.D.

Address Bay View Hospl.

Date April 4 1907

Place of Burial Greenmount

Date April 6 1907

Undertaker Wm Cook

Address 502 E. Fairfield

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 39913 Registered No. B .....

106 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Farnhold

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

B. 39913

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1833

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Farnhold

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Hurt

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 4/5 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 5th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on April 1 1907,

and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Diarhea

(DURATION) 8 DAYS

Contributory (Primary) Paralysis

several months (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date April 5 1907

Place of Burial Greenmount Cemetery

Date April 6th 1907

Undertaker Henry L. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

99914

Registered No. B 99914

CERTIFICATE OF DEATH.

119 V

(Place of Death.) No. 118 Warren Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry Kusel Sr

{Residence, if in Baltimore, Give Street and Number.} 118 Warren Ave

Duration of Residence in Baltimore. 55 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 27 1835

AGE: 71 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Justus

(Address) 118 Warren ave

Filed 4/5 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from March 29 1907 to April 4 1907 that I last saw h[illegible] alive on April 4 1907 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Interstitial Nephritis

(DURATION) 6 DAYS

Contributory (Primary.) Uraemia

Coma (DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Light St

Date April 6 1907

Place of Burial London Park

Date April 6 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99915 166

CERTIFICATE OF DEATH.

(Place of Death.) No. B & O R.R. tracks Johnson & Wells St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown (Paul Petro)

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know 1

AGE About 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto M Reinhardt M.D

(Address) Coroner

Filed 4/5-7 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Accidently mangled about the body by Engine 2109 of B & O R.R. Co

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date April 4 1907

Place of Burial PUBLIC CEMETERY.

Date APR 5 - 1907 190

Undertaker Commissioner Health

Address Health Department

Body at the morgue City to bury. Please bury and mark the grave H M R

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VII

99916 Registered No. B 99915

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary E. Newman

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH:

AGE: 1 year, months, days

57

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3. 1907

I HEREBY CERTIFY, That I attended deceased from June 5. 1906 to April 3. 1907

that I last saw her alive on April 2. 1907

and that death occurred, on the date stated above, at 12.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Broncho Pneumonia

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ? DAYS

(DURATION) 14 DAYS

(Signed) W. L. Brent M.D.

Address Bay View Asylum

Date April 3. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 5 1907

Undertaker William H. Wooden

Address 1811 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. ....

159

CERTIFICATE OF DEATH.

(Place of Death.) No. Herring Run Road St. (Harford road)

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sherbert Randall

{ Residence, if in Baltimore, Give Street and Number. } Delaware County Pa

B 99917

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 4/5 1907

ASSTY CT ANDRANSA
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3.

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Carlin M.D.

Address Coroners Office

Date April 5-07 190

Place of Burial New York City

Date April 5th 1907

Undertaker H Fahey & Sons

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. D 99919

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 N. Montford Ave St. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob W. Fink

{ Residence, if in Baltimore, Give Street and Number. } 135 N. Montford Ave

Duration of Residence in Baltimore. Life

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 22 1886
AGE	21 years, 2 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Wm Fink
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Fredericka Schmidt
BIRTHPLACE OF MOTHER (State or country)	Baltimore City
OCCUPATION OF DECEASED	Shirt Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Fink

(Address) 135 N. Montford Ave

Filed 4/5 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to April 4 1907 that I last saw him alive on April 4 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid

(DURATION) DAYS

Contributory (Primary) Hemorrhage of the bowels (DURATION) 2 DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date April 5 1907

Place of Burial Mt Carmel Cemetery

Date April 7 1907

Undertaker Christian Miller

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 — Registered No. B

CERTIFICATE OF DEATH.

42V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm I Day

{ Residence, if in Baltimore, Give Street and Number. } Maryland Line - Md.

Duration of Residence in Baltimore. 0 days

B.99919

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Enoch Day

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Linn

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Day

(Address) md. Line

Filed 4/5/ 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 5th 1907

that I last saw him alive on April 1st 1907

and that death occurred, on the date stated above, at 6 a. m.

CAUSE OF DEATH (Secondary or Immediate) Melanotic Sarcoma of Abdominal Glands - Secondary to Cancer of Kidney

(DURATION) DAYS

Contributory (Primary.) Cachexia

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date April 5 1907

Place of Burial Westminster

Date April 8 — 1907

Undertaker H. C. Peters

Address 1600 Boston

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12th Registered No. B

6V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Gowson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Kreuzelok

{Residence, if in Baltimore, Give Street and Number.} 1108 Gowson St

Duration of Residence in Baltimore. 14 days

B 49920

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 5th 1904

AGE 3 years, — months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER John Kreuzelok

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Marie Janos

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Janos

(Address) 1108 Gowson St

Filed 4/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to April 5 1907 that I last saw her alive on April 4 1907 and that death occurred, on the date stated above, at 4.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Measles (DURATION) 14 DAYS

Contributory (Primary) General Debility (DURATION) 14 DAYS

(Signed) J. Kaku M.D.

Address 1510 E. Fort Ave

Date April 5th 1907

Place of Burial 1st Evangelic

Date April 6th 1907

Undertaker H. Lauch & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

6V

(Place of Death.) No. 502 President st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lactinic

{Residence, if in Baltimore, Give Street and Number.} 502 President St

Duration of Residence in Baltimore. Life

B-69921

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Aug. 1905

AGE: ..... years, 19 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Anthony Lactinic

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Florende Gittala

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Lactinic

(Address) 502 Presidentst

Filed 4/6 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl 5 1907

I HEREBY CERTIFY, That I attended deceased from Apl 4 1907 to Apl 5 1907

that I last saw h er alive on Apl 4 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

measels (DURATION) 3 DAYS

Contributory (Primary.)

Broncho-Pneumonia (DURATION) 3 DAYS

(Signed) W Ruzicka M.D.

Address 827 Saratoga St

Date Apl 5 1907

Place of Burial St. Vincents Cem.

Date April 6 1907

Undertaker Wendell Dippel Co.

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 99922 Registered No. 5 .....

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George W. Evans

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 6[illegible] years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Geo W Evans

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Halladay

(Address) BAY VIEW ASYLUM.

Filed 4/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April - 4 - 1907

I HEREBY CERTIFY, That I attended deceased from June - 16 - 1906 to April 4 1907

that I last saw him alive on April 4 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary) Arteio Sclerosis

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date April 4 1907

Place of Burial Western Cemetery

Date 4/6/07 1907

Undertaker Geo Nasset

Address 1442 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

9992

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 504 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lester L. Redhead

{ Residence, if in Baltimore, Give Street and Number. } 504 N Madeira St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 5 1906

AGE ..... years, 9 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Redhead

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Annie Langemann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Redhead

(Address) 504 N Madeira St

Filed 4/6 1907

MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 5 1907 that I last saw him alive on April 5 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Membranous Diarrhoea

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolf C. Eimbert M.D.

Address 2213 Orleans St

Date April 5. 1907

Place of Burial Mt Carmel cemetery

Date April 7th 1907

Undertaker J. C. Schuh & Son

Address 1935 Alice-anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99924

CERTIFICATE OF DEATH.

74K

(Place of Death.) No. 24, S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Hergenroeder

{Residence, if in Baltimore, Give Street and Number.} 24, S. Durham st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: Jan. — 15 — 1906

AGE: ..... years, 14 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Sebastian Jos. Hergenroeder

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie Weis

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: nv.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sebastian Jos. Hergenroeder

(Address) 24, S. Durham st.

Filed 4/6/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 — 1907

I HEREBY CERTIFY, That I attended deceased from March 24 1907 to April 4 1907 that I last saw h— alive on April 4 1907, and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 5 DAYS

Contributory (Primary.) Hydrocephalus

(DURATION) 11 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, E. Madison Square

Date April — 5 — 1907

Place of Burial Holy Redeemer Cem

Date April 6 1907

Undertaker Wendell Dippel & Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99925

City of Baltimore, (No. 819 N Caren St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harretta Elizabeth Stauffer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 16th 1840 (Month) (Day) (Year)

AGE: 66 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Edward Jones

BIRTHPLACE OF FATHER (State or country): Frederick Co Md

MAIDEN NAME OF MOTHER: Ann. Mc. Worthington

BIRTHPLACE OF MOTHER (State or country): Carrol Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel S Stauffer

(Address) 819 N Caren St

Filed 4/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 5 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1907 to Apr. 4 1907

that I last saw h.r alive on Apr. 4 1907,

and that death occurred, on the date stated above, at 5.30 A. M. The CAUSE OF DEATH was as follows:

Brights disease

Several yrs. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) James C. Clarke M. D.

Apr. 6 1907 (Address) 721 Mad. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Apr. 8 1907
UNDERTAKER	ADDRESS
Geo. J. Smith Co	1000 E. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79 V

CERTIFICATE OF DEATH.

Registered No. B 99926

City of Baltimore, (No. 645 N. Schroeder St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Hoffman Flood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 18th 1888 (Month) (Day) (Year)

AGE: 19 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel S. Flood

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth A. Collins

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel S. Flood

(Address) 645 N Schroeder St

Filed 4/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl. (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch. Dec 1 1906 to Apl. 4 1907

that I last saw h(im) alive on Apl. 4 1907, at 3:30 a.m.

and that death occurred, on the date stated above, at 3:30 a.m. The CAUSE OF DEATH was as follows:

Organic Disease of Heart

Several years (DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) C. W. B. Rider M. D.

Apl. 5 1907 (Address) 867 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery | DATE OF BURIAL: Apl. 7th 1907

UNDERTAKER: Geo. J. Smith & Co | ADDRESS: 1000 Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119V

CERTIFICATE OF DEATH.

Registered No. B 9992

City of Baltimore, (No. 712 Ensor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriett Forman

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Negro

DATE OF BIRTH — (Month) — (Day) 1859 (Year)

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 712 Ensor St.

Filed 4/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1907 to April 3 1907

that I last saw her alive on April 3 1907

and that death occurred, on the date stated above, at 9:15 P. M. The CAUSE OF DEATH was as follows:

Acute Bright's Disease

3 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) John Duck M. D.

April 4th 1907 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel — DATE OF BURIAL April 6 1907

UNDERTAKER W. T. Ellicott — ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 4ww C. Hooper Mills Woodberry. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johnnie Watkins

{Residence, if in Baltimore, Give Street and Number.} 413 Moot St.

Duration of Residence in Baltimore. B.99929

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH —— 1

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N C

FULL NAME OF FATHER Albert Watkins

BIRTHPLACE OF FATHER (State or country) N C

MAIDEN NAME OF MOTHER Tavas Watkins

BIRTHPLACE OF MOTHER (State or country) N C

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Watkins

(Address) 413 Moot St

Filed 7/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental fall from Concrete Stock. Fracture Skull & serious ..... (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Wallis Lueckemann M.D. Coroner

Address 1818 Chas. St.

Date April 5/07 190

Place of Burial Laurel

Date April 6 190 7

Undertaker P. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

Ward 1 C

CERTIFICATE OF DEATH.

6 V

(Place of Death.) No. 1936 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella Riegger

{ Residence, if in Baltimore, Give Street and Number. } 1936 W. Pratt st.

Duration of Residence in Baltimore. Life-time B. 99929

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 28th 1905.

AGE: 1 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Anton Riegger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Smith

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Riegger

(Address) 1936 W. Pratt St

Filed 4/6 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907.

I HEREBY CERTIFY, That I attended deceased from Mar 26th 1907 to April 5th 1907 that I last saw her alive on Apl 4th 1907, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs-pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Measles

(DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Pratt st.

Date April 5th 1907.

Place of Burial Holy Redeemer

Date April 6th 1907

Undertaker N. S. Finch

Address 2113 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

39930

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 112 Penn St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Smith

{Residence, if in Baltimore, Give Street and Number.} 112 Penn St

Duration of Residence in Baltimore. Lifetime

B 99930

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 43 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing[le]	
BIRTHPLACE (State or country): Balt.	
FULL NAME OF FATHER: -	
BIRTHPLACE OF FATHER (State or country): -	
MAIDEN NAME OF MOTHER: -	
BIRTHPLACE OF MOTHER (State or country): -	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Sondheim

(Address) 923 Madison

Filed 4/6 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to April 6 1907

that I last saw h[er] alive on April 6 1907

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Parenchymatous Nephritis

4 Months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Ed Glover M.D.

Address 1501 E Eager St

Date April 6th 1907

Place of Burial Mt Olivet

Date April 6th 1907

Undertaker David Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99931 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 E Ostend St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas. Delmont Felthouse

{ Residence, if in Baltimore, Give Street and Number. } 105 E Ostend St.

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jany 28 1904

AGE 3 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H. Felthouse

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Drucilla Hubbard

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 105 E Ostend

Filed 4/6/ 1907 DENNIS F. KNUESS PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 4 1907 that I last saw h-- alive on 4-4 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

few days from History (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) L Shurlington M.D.

Address 102 E Fortune

Date April 4 1907

Place of Burial Cedar Hill

Date April 6th 1907

Undertaker Jos. Stantelbeck

Address 1318 Light Ste.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 1720 Carlisle Pl. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredrich Quinnessor

{ Residence, if in Baltimore, Give Street and Number. } 1720 Carlisle Pl.

Duration of Residence in Baltimore. 50 years B.99932

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 74 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Quarngeser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Quarngeser

(Address) 1720 Carlyle Pl

Filed 4/6/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 5 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 6 a.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carnell M.D.

Address 1720 Carlisle Pl

Date April 5 1907

Place of Burial Mt. Carmel Cem.

Date 4/7/07 190..

Undertaker J. Herring & Son

Address 2028 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 99933 — Registered No. B

CERTIFICATE OF DEATH.

174

(Place of Death.) No. 100 E. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Taylor

{Residence, if in Baltimore, Give Street and Number.} 209 N. Broadway

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 15th 1859
AGE	47 years, 11 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wm H. Taylor
BIRTHPLACE OF FATHER (State or country)	Canada
MAIDEN NAME OF MOTHER	Mary A. Airey
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Taylor

(Address) 209 N Broadway

Filed 4/6 1907 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907.

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190, that I last saw h alive on 190, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gas Asphyxia

(DURATION) — DAYS

Contributory (Primary.) Accident

(DURATION) — DAYS

(Signed) Benj. D. Hayden, Coroner M.D.

Address 1216 E. Caroline St.

Date Apr. 5th 1907.

Place of Burial Lorraine Mem.

Date 4/8/07 190

Undertaker J. Herwig & Son

Address 900 E. Oliver St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. 118 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ferdinand Schilling

{Residence, if in Baltimore, Give Street and Number.} 1813 Harford ave

Duration of Residence in Baltimore. B 99934

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 21 1879

AGE: 28 years, 7 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Post. Office Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Biedermann

(Address) 1730 E. Lafayette Ave

Filed 4/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5-th 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 5-th 1907

that I last saw him alive on April 5-th 1907,

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) DAYS

Contributory (Primary.) acute gangrenous appendicitis, with peritonitis (DURATION) DAYS

(Signed) A. C. Ducrin M.D.

Address St. Josephs Hospital

Date April 5-th 1907

Place of Burial Baltimore Cemetery

Date April 7 1907

Undertaker Josiah Lyster

Address 1600 W. Mich Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99935 — Registered No. D ...

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Glueck

{Residence, if in Baltimore, Give Street and Number.} 218 So. Eutaw St.

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 23rd 1881

AGE: 25 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Glueck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Pistel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Glueck

(Address) 26 S. Liberty

Filed 4/6 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to Apr 5 1907 that I last saw him alive on Apr 5 1907, and that death occurred, on the date stated above, at 2.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Miliary Tuberculosis

(DURATION) 2 weeks ~~DAYS~~

Contributory (Primary.) Tuberculor Pneumonia (DURATION) 4 wks. ~~DAYS~~

(Signed) Geo. H. Offuegel M.D.

Address St. Josephs Hospital

Date Apr 5 1907.

Place of Burial Western Cemetery

Date Apr. 7th 1907

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D-9936

8 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Mc Culloh St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Philip Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1003 Mc Culloh

Duration of Residence in Baltimore. 18 Yrs.

D-9936

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 28th 1825

AGE: 82 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Valentine Thomas

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margareth Bechtel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) P Schaefer

(Address) 1507 Mc Culloh Street

Filed 4/6 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from January 1906 to April 1907 that I last saw him alive about March 28 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis & Emphysema (DURATION) about a year DAYS

(Signed) Dr Chas Deetjen M.D.

Address 21 W. Franklin St

Date April 5 1907

Place of Burial Druid Ridge Cemetery

Date Apr. 7th 1907

Undertaker Philip Steuwald & Son

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9993?

City of Baltimore, (No. 806 N. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roberta Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Henry Moore

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Reed

(Address) 1114 Preston

Filed 4/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to ..... 190...

that I last saw h.. alive on Apl. 2 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 1 year (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) L. T. Thurmond M. D.

April 5 1907 (Address) 2226 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Westminster Co. Va | DATE OF BURIAL: April 6 1907

UNDERTAKER: Wm. J. Johnson | ADDRESS: 614 Dolphin

99938

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 543, West Conway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 99938

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Rebecca Julbo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm S Julbo

(Address) 100 W- West St

Filed 4/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4th (Month) ..... (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to April 3rd 1907 that I last saw her alive on April 3rd 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Cancer of Stomach, hemorrhage, cond. Glandular

Don a year (DURATION) DAYS

Contributory Hemorrhages from Glandular & bowel disease (DURATION) months DAYS

(Signed) E. J. Eves M. D.

April 6th 1907 (Address) E. J. Eves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: April 7 1907

UNDERTAKER: Wm J Schilling — ADDRESS: 1 Pappleton St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. ..... 79 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2606 Bruce Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Levina Locklair

{Residence, if in Baltimore, Give Street and Number.} 2606 Bruce Terrace

Duration of Residence in Baltimore. abt 25 years. B. 99939

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter L. Locklair

(Address) 2606 Bruce Terrace

Filed 4/6 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from Mar 13 1907 to April 5 1907

that I last saw h w alive on April 5 1907

and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate

Valvular Heart Disease

pernal pneumonia (DURATION) DAYS

Contributory (Primary.) Pulmonary Edema

(DURATION) 3 DAYS

(Signed) Robt. G. Leitch M.D.

Address 1318 N. Charles St.

Date April 6 1907

Place of Burial Winchester Va.

Date April 8 1907

Undertaker Armstrong Denny Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

D 99940

(Place of Death.) No. 315 S Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Swannah Ashman

{Residence, if in Baltimore, Give Street and Number.} 315 S Amity

Duration of Residence in Baltimore. Life

D 99940

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1838

AGE: 69 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Bell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Bruns

(Address) 315 S Amity

Filed 4/6 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 4 1907

that I last saw her alive on April 4 1907

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bright disease

Don't know (DURATION) DAYS

Contributory (Primary.) Uremic

Convulsions (DURATION) 2 DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date April 5 1907

Place of Burial: Loudon Park

Date April 7 1907

Undertaker: John F. Conyan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 9941 Registered No. B

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 422 W Henrietta St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louise Walbrecher

{Residence, if in Baltimore, Give Street and Number.} 422 W Henrietta St

Duration of Residence in Baltimore. 32 yrs

B. 99941

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Mar 30 1824
AGE	80 years, 11 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Fred. Wistzler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J Schupp

(Address) 422 W Henrietta St

Filed 4/6 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to April 5 1907

that I last saw h alive on April 4 1907

and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy Hemorrhagic

3 Months (DURATION) 21 DAYS

Con'ributory (Primary.) Old Age

Exhaustion (DURATION) 14 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St

Date April 6 1907

Place of Burial Loudon Park

Date Mon. Apr 8 1907

Undertaker Wm. J. Dickenson Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

1204

(Place of Death.) No. Dolls. (Rm) 1834 Pattersonave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James, Curry,

{Residence, if in Baltimore, Give Street and Number.} 1834 Pattersonave

Duration of Residence in Baltimore. Nine Years 0.9936

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) — —

FULL NAME OF FATHER Daniel Curry

BIRTHPLACE OF FATHER (State or country) Westmoreland Co Va

MAIDEN NAME OF MOTHER Diana Curry

BIRTHPLACE OF MOTHER (State or country) Westmoreland Co Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizbeth Curry

(Address) 1834 Pierrman St

Filed 4/6 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 5th 1907

I HEREBY CERTIFY, That I attended deceased from March 13 1907 to Apr 4 1907 that I last saw h alive on Apr 4 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis &
Nephritis,
Three weeks (DURATION) 24 DAYS

Contributory (Primary.)
Twelve months (DURATION) DAYS

(Signed) J. Allston Duvall M.D.

Address 1602 Pennsylvania ave

Date Apr 5th 1907

Place of Burial Townsentown

Date April 7 1907

Undertaker John H Owens & Son

Address 0222 Dawson st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. 69

CERTIFICATE OF DEATH.

(Place of Death.) No. 2104 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anastasia Jaroucek

{Residence, if in Baltimore, Give Street and Number.} 2104 E. Madison st

Duration of Residence in Baltimore.....

B. 99943

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 15 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank. Jaroucek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Goldsmith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jaroucek

(Address) 2104 E Madison St.

Filed 4/6 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 5th 1907 that I last saw h_r alive on April 5 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Meningitis

.....

.....

.....

.....(DURATION).....DAYS

Con'ributory (Primary.) Congestion Lungs.

.....(DURATION).....DAYS

(Signed) Abelus Allen M.D.

Address 1828 E. Baltimore

Date April 6th 1907

Place of Burial St Alphonsus

Date April 8 1907

Undertaker Frank Roach

Address 1909 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 99944 Registered No. B

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. Cor. Penna. Av. & Houston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Snyder (Smyser)

{Residence, if in Baltimore, Give Street and Number.} 633 Houston st

Duration of Residence in Baltimore, 35 yrs

B-99944

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feb. 7th 1837

AGE: 69 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Adam Snyder

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Leah Stamm

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Snyder

(Address) 633 Houston st

Filed 4/6 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease.

died on the street

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Long. Av. (Corner)

Date April 6th 1907

Place of Burial Shrewsbury Pa.

Date April 8. 1907.

Undertaker E. W. Mitchell

Address 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

99945

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 N Vincent St

Full Name John M Martin

{Residence, if in Baltimore, Give Street and Number.} 215 N. Vincent St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: .....

AGE: 76 years, ... months, ... days. 1

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): R. L. Mercer

(Address) 825 Plum St.

Filed 4/6 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4 to 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 4 1907

that I last saw him alive on April 4 1907,

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Heart - Disease

Contributory (Primary.) Grippe (DURATION) 7 DAYS

(Signed) Dr. J. M. Kennard M.D.

Address 705 Gilmor St

Date April 7 1907.

Place of Burial Mt. Zion Cemetery

Date April 9 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, to the Undertaker, or other person superintending the case comes under his notice, to furnish within eighteen hours after death, to the Coroner, when the said burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 99946 Registered No. D

CERTIFICATE OF DEATH.

93 V

Place of Death.) No. 523 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roswell Fisher

{ Residence, if in Baltimore, Give Street and Number. } 523 W. Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER James R. Fisher

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Catherine Fisher

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Fisher

(Address) 523 W. Cross St.

Filed 4/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 4 1907

I HEREBY CERTIFY, That I attended deceased from Apr 2 1907 to 4th 1907 that I last saw him alive on Apr 4 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. D. Tuckahoe M.D.

Address 507 N. Paca St

Date Apr 4th 1907

Place of Burial Mt. Auburn Cem

Date April 6 1907

Undertaker John H. Poadrin

Address 1420 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9994?

City of Baltimore, (No. 1620, E. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Bockhoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 17 1824 (Month) (Day) (Year)

AGE: 83 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Joseph Bockhoff.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Catherine Wasker.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Fruit dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bockhoff.

(Address) 1620 E. Biddle St

Filed 4/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to April 5 1907 that I last saw h[illegible] alive on April 2 1907, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) James Bosley M. D.

April 6 1907 (Address) 701 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: April 8 1907

UNDERTAKER: A. Fink & Son ADDRESS: 910 W. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99548 Registered No. .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Hazelton

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. 20 days B.99948

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Mulatto
DATE OF BIRTH	March 15 1907
AGE	— years, — months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2035 Madison Ave.

Filed 4/6 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 21 1907 to Apr. 5 1907 that I last saw h[illegible] alive on Apr. 4 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2035 Madison Ave.

Date Apr. 5 1907

Place of Burial Cathedral Cemetery

Date 4—6— 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

99949

Registered No. B 99949

CERTIFICATE OF DEATH.

20V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barney Wirtenbaum

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wolf Wirtenbaum

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hildia Klinsinsky

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor & Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday
UC

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 4/6 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 - - - 1907

I HEREBY CERTIFY, That I attended deceased from March 30 1907 to April 5 1907

that I last saw him alive on April 5 1907 11:30

and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pa & Bed-Sore.

Septicemia

..... (DURATION) ..... DAYS

Contributory (Primary) Pressure on spinal-cord ..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 5 1907.

Place of Burial Washington Rd.

Date April 6 1907

Undertaker Mat Levington

Address 1620 No Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99950

Registered No. B.....

City of Baltimore, (No. 303 S Wolf St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Yaegel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: June (Month) 30th (Day) 1859 (Year)

AGE: 47 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Geo. Hohe

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Brown.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Yaegel

(Address) 303 S. Wolf St

Filed 4/6 1907

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1907 to April 4 1907

that I last saw h.r alive on April 4 1907,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Nephritis (DURATION) 4 months

Contributory Cardiac Dilation (DURATION) DAYS

(Signed) R. L. Kirk M.D.

April 5th 1907 (Address) 1610 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Mathews Cem — DATE OF BURIAL: Apr 7 1907

UNDERTAKER: J Sander & Sons — ADDRESS: 710 Aisquith

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 55952 Registered No. B .....

931V

CERTIFICATE OF DEATH.

(Place of Death.) No. 3103 Canton Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morgaret A Grant

{ Residence, if in Baltimore, Give Street and Number. } 3103 Canton Ave

Duration of Residence in Baltimore. Life

B 99951

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 10th 1839

AGE: 67 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Dashiell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann Asher

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph W. Grant

(Address) 3103 Canton Ave.

Filed 4/6 1907

HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4th 1907

I HEREBY CERTIFY, That I attended deceased from March 31 1907 to April 4th 1907

that I last saw h alive on April 4th 1907,

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia (DURATION) 5 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. H. Athey M.D.

Address 7 Hudson Place

Date Apr. 2 4 5 1907

Place of Burial Oak Lawn Cem

Date April 7 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. D 99952

96 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 545 Oxford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Moon

{ Residence, if in Baltimore, Give Street and Number. } 545 Oxford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Blk

DATE OF BIRTH: May 30 1906

AGE: — years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Edw. Moon

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Alice Malone

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Moon

(Address) 545 Oxford St.

Filed 4/6/ 1907 HARRY R. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from March 30 1907 to Apr. 5 1907 that I last saw h[illegible] alive on Apr. 5 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Purulent Opthalmitis

(DURATION) 1 DAYS

Contributory (Primary.) Otitis Media

(DURATION) 7 DAYS

(Signed) Alexius McGuinan M.D.

Address 2005 Madison Ave.

Date Apr. 5 1907

Place of Burial Mt Auburn Cemetery

Date 4-6 1907

Undertaker Felix B Tye

Address 1012 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B 44953

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Wellman

{ Residence, if in Baltimore, Give Street and Number. } 754 N Eutaw St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 16th 1881

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Ansel Ullman

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Maggie Bluem

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/6 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to April 6 1907

that I last saw him alive on April 6 1907

and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Contributory (Primary) (DURATION) DAYS

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 6 1907

Place of Burial Fell Point Cemetery

Date April 7 1907

Undertaker J. Q. Athey's Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 99954 Registered No. 5

15-3V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617. Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaw Arczyk

{Residence, if in Baltimore, Give Street and Number.} 1617. Aliceanna St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 29 1907

AGE ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Joseph Arczyk

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Veronica Cyrunska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Arczyk

(Address) 1617. Aliceanna St

Filed 4/7 1907

HARRY C. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 = 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~alive on~~ 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Snyder Coroner M.D.

Address 320 E Greene St

Date April 6 1907

Place of Burial Holy Rosary

Date April 7th 1907

Undertaker Jacob Falkowski

Address 428. S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 99955

153 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roland Peay

{ Residence, if in Baltimore, Give Street and Number. } 1410 E. Madison Street

Duration of Residence in Baltimore. Since birth B 99955

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: Feb 22 1907

AGE: 6 weeks years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Peay

BIRTHPLACE OF FATHER (State or country): Somerset-Co

MAIDEN NAME OF MOTHER: Mary Madox

BIRTHPLACE OF MOTHER (State or country): Somerset-Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Sister Grace Peay

(Address) 1410 Madison St E

Filed 4/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4th April 1907.

I HEREBY CERTIFY, That I attended deceased ~~from~~ on 2-3-190 to 190

that I last saw him alive on 2-3-1907,

and that death occurred, on the date stated above, at 1.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Since birth (DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) ? DAYS

(Signed) E. Lee Cole M.D.

Address 1418 Eleanor St.

Date 4th April 1907

Place of Burial Antioch Cemetery

Date April 7 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19th

99956 19th

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph M. Conley

{Residence, if in Baltimore, Give Street and Number.} 218 N. Mulberry St.

Duration of Residence in Baltimore. 32

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Joseph M. Conley

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Eliza Anderson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie M. Conley

(Address) 2100 N. Mulberry St

Filed 4/7 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4, 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to Apr. 4 1907 that I last saw him alive on Apr. 4, 1907, and that death occurred, on the date stated above, at 8-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis &
Mitral regurgitation

(DURATION) DAYS

Con'tributory (Primary.) Cardiac dilatation

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Apr. 5, 1907

Place of Burial Mt. Auburn Cemetery

Date April 7 1907

Undertaker R. N. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99957

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Katherine Proctor

{ Residence, if in Baltimore, Give Street and Number. } 1307 Ashland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 6th 1907
AGE	— years, — months, 2 hours
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	U.S. Md
FULL NAME OF FATHER	Oscar Gilbert Proctor
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Katherine Howard
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Howard

(Address) 1307 Ashland Ave

Filed 4/9 1907

CARRY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from April 6th 1907 to April 6 1907

that I last saw h[illegible] alive on April 6 1907,

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis

Premature birth (6 hrs 3 wks)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. B. Fry M.D.

Address 538 E Broadway

Date April 6th 1907

Place of Burial Methodist Cemy

Date April 7 1907

Undertaker Wm. J. Fry

Address 221 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 99933 Registered No. 99933

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgiana White.

{Residence, if in Baltimore, Give Street and Number.} 826 Druid Hill Ave.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH March 25, 1857

AGE 50 years, ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John H Sorrell

BIRTHPLACE OF FATHER (State or country) Northumberland Co Va

MAIDEN NAME OF MOTHER Emily Thompson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel T. Housley

(Address) 5780 Biddle

Filed 4/7 1907 HARRY O. ARLAND PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6, 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1907 to Apr. 6, 1907 that I last saw her alive on Apr. 6, 1907, and that death occurred, on the date stated above, at 10-40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Aneurysm near, right kidney, was operated for its relief, 2 (DURATION) DAYS

Contributory (Primary) Asthenia + Haemorrhage (DURATION) DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hosp.

Date April 7 1907

Place of Burial Mt. Auburn

Date 4/7 1907

Undertaker Alf. Housley

Address 5780 Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 9995 — Registered No. B 99959

CERTIFICATE OF DEATH.

(Place of Death.) No. 1309 Woodyear St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Domer

{Residence, if in Baltimore, Give Street and Number.} 1309 Woodyear St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR W

DATE OF BIRTH Dec. 10 1863

AGE 43 years, 3 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER August Berger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rica Hinderfelder

BIRTHPLACE OF MOTHER (State or country) ~~Ga~~ Balto. Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Berger

(Address) 1306 Edmondson Ave.

Filed 4/7/07 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 5 1907 that I last saw her alive on April 5 1907, and that death occurred, on the date stated above, at 1 30A M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAY

Contributory (Primary.) Chronic Convulsions (DURATION) 8 DAYS

(Signed) Jay Masters M.D.

Address 832 W. North Ave.

Date April 6 1907

Place of Burial Loudon Park Cem.

Date April 7 1907

Undertaker Chas. E. Francke

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

99960

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1222 W. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Julia M. Brewer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 8 (Day) 1839 (Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Dennis Sullivan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliz M. Victory

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E H Brewer

(Address) 1222 W. Lanvale.

Filed 4/7 190 7

CARRY O. [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/1. (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 5/1/ 1907 to 5/1. 1907

that I last saw h e alive on 11 11 1907,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

14 hours (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. Fowrie Ingles M. D.

6/4/ 1907 (Address) 1007 Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: April 8 1907

UNDERTAKER: E M Mitchell — ADDRESS: 120 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154 V

CERTIFICATE OF DEATH.

99961

Registered No. B

City of Baltimore, (No. 1524 McHenry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Young.

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Nov. 27 1819 (Month) (Day) (Year)
AGE	87 years, 4 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto.Co.Md.
FULL NAME OF FATHER	Robert White,
BIRTHPLACE OF FATHER (State or country)	Scotland,
MAIDEN NAME OF MOTHER	Othridge Grimes,
BIRTHPLACE OF MOTHER (State or country)	Ireland,
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Rotan

(Address) 1524 McHenry St.

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to ..... 190..

that I last saw h alive on Mch 27 1907,

and that death occurred, on the date stated above, at 7½ a. m. The CAUSE OF DEATH was as follows:

Cardiac weakness -

(DURATION) 14 DAYS

Contributory Senile degeneration Last few years

(DURATION) ..... DAYS

(Signed) M Beauman Stout M.D.

Apl 7 - 1907 (Address) 604 N Calvert St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt.Olivet	April 8 1907
UNDERTAKER	ADDRESS
Geo W.Little.	531 N.Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 99962 Registered No. D 99963 64V

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W. Freeman

{ Residence, if in Baltimore, Give Street and Number. } 813 Madison ave, Balto Md

Duration of Residence in Baltimore. all his life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 15-th 1850

AGE 56 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Samuel B. Freeman

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) ~~Balto Md~~

OCCUPATION OF DECEASED Cigar Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel B. Freeman Jr

(Address) 805 Madison Ave

Filed 4/7 1907 HARRY D. ANDREWS CHIEF CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 5 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 11 1907 to Apr. 5 1907 that I last saw him alive on Apr. 5 1907, and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas. C. Clarke M.D.

Address 1201 Mad. Ave

Date Apr. 6. 1907

Place of Burial London Park Cem

Date April 8th 1907

Undertaker Hy W. Jenkins & Sons Co

Address 233 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B 99963

CERTIFICATE OF DEATH.

174

(Place of Death.) No. 05 E. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Hatch, Birch

{Residence, if in Baltimore, Give Street and Number.} 411 Calvin Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 8th 1850

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C

FULL NAME OF FATHER: Wm Henry Birch

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Sophia Cook

BIRTHPLACE OF MOTHER (State or country): Washington D.C.

OCCUPATION OF DECEASED: Living

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeannette Phillips

(Address) 411 Calvin Ave

Filed 4/7 190 7

CARRY C. ADAMS
PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gas Asphyxia

(DURATION) — DAYS

Contributory (Primary.) accident

(DURATION) DAYS

(Signed) Benj S Hayden M.D.
Coroner

Address 126 N Caroline St

Date Sept. 5 1907

Place of Burial Baltimore Cemetery

Date April 7 1907

Undertaker C A Winchester Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77 V

CERTIFICATE OF DEATH.

Registered No. B 9996

City of Baltimore, (No. 2103 Booth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sydney Smith Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 15th 1850 (Month) (Day) (Year)
AGE	57 years, 2 months, 21 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	New York State
FULL NAME OF FATHER	William Stewart
BIRTHPLACE OF FATHER (State or country)	Belfast Ireland
MAIDEN NAME OF MOTHER	Sarah Rafferty
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	general laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George G Stewart

(Address) 1983 Laun[illegible] St

Filed 4/7 1907

[illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on April 5th 1907,

and that death occurred, on the date stated above, at 2 45 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

of 5 months (DURATION) DAYS

Contributory Occupation

one year (DURATION) DAYS

(Signed) F. W. Hobelmann M. D.

April 7 1907 (Address) 1908 W. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Old City Burial	April 1907
UNDERTAKER	ADDRESS
Geo A Gerdig	14 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 W

99965

Registered No. 99965

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 W. Hamburg st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Murphy

{Residence, if in Baltimore, Give Street and Number.} 715 W. Hamburg st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: Dec. 25 1850

AGE: 56 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or couutry): Ireland

FULL NAME OF FATHER: Patrick Murphy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Powers.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Murphy

(Address) 715 W. Hamburg st

Filed 4/7 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 4 1907

that I last saw h[illegible] alive on April 4 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Edw J Murphy M.D.

Address 517 Lemmon

Date April 6th 1907

Place of Burial Mt. Olivet Cemetery

Date April 8th 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4th 99966 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1433 Hanbert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Kate Sutton

{Residence, if in Baltimore, Give Street and Number.} 1433 ~~Hanbert St~~ Hull St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1837

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Frazier

(Address) 433 Hull St

Filed 4/7 1907 CLERK OF ANDREWS FOOT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907

I HEREBY CERTIFY, That I attended deceased from March 26th 1907 to April 5th 1907 that I last saw h[er] alive on April 4th 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Complications
old age

(DURATION) 6 Months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T O Donnell M.D.

Address 1340 S Charles

Date April 5th 1907

Place of Burial Cathedral Cem.

Date April 8th 1907

Undertaker Daniel and Margaret J Flynn

Address 42 E. Fort St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 99907 Registered No. B 1034

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 President St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teresa Tofeano

{Residence, if in Baltimore, Give Street and Number.} 223 President St.

Duration of Residence in Baltimore. B 99907

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 15 1843

AGE 62 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Vedi Lofrado

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Felice Balota

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julio Forio

(Address) 229 President St

Filed 4/7/1907 S.C.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to April 4 1907 that I last saw h[illegible] alive on April 4, 1907, and that death occurred, on the date stated above, at 5-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ulcer of Stomach

(DURATION) 150 DAYS

Contributory (Primary.) Unknown

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles St

Date April 5 1907

Place of Burial St Vincents Cem.

Date April 6 1907

Undertaker Wendell Disbel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 99968

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 510 President St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information:"]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Angela Poggi

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Jan (Month) 4 (Day) 1843 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Jacomo Poggi

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Attalicata

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Poggi

(Address) 510 President St

Filed 4/7/1907 S L G Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Apr 5 1907 that I last saw h[e] alive on Apr 5 1907, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Cancer face

3 yrs. (DURATION) ... DAYS

Contributory ...

Asthenia (DURATION) 1 DAYS

(Signed) W. Caldicata M. D.

Apr 5 1907 (Address) 827 Aisquith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	April 8 1907
UNDERTAKER	ADDRESS
Wendel Bispel & Son	330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No.

99969

CERTIFICATE OF DEATH.

794

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Wm E Morris

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH abt 27 1848

AGE 58 years, ——— months, ——— days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Farmington Del

FULL NAME OF FATHER Henrich Morris

BIRTHPLACE OF FATHER (State or country) Del.

MAIDEN NAME OF MOTHER Amanda

BIRTHPLACE OF MOTHER (State or country) Del.

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S L Morris

(Address) Centreville Md

Filed 4/9 1907

HENRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1907

I HEREBY CERTIFY, That I attended deceased from April 4th 1907 to April 7th 1907

that I last saw h in alive on April 7th 1907,

and that death occurred, on the date stated above, at 4.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Insufficiency

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. E. Riggs M.D.

Address 1514 Division St.

Date April 7th 1907

Place of Burial Centreville Md

Date April 8 1907

Undertaker Robt. T. Turner

Address Edwards & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99970 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Barron

{ Residence, if in Baltimore, } 1016 Park Ave.
{ Give Street and Number. }

Duration of Residence in Baltimore. .....

D. 99970

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Barron

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Barron

(Address) 1016 Park ave.

Filed 4/11 1907 S.R.B., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

Jaw two months (DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) Silas Bardinier M.D.

Address 1016 Park ave. (Consulted)

Date April 7th 1907

Place of Burial Mt Auburn Cemetery

Date April 8 1907

Undertaker Felix P. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 9971 Registered No. B 1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilder O'Larter

{Residence, if in Baltimore, Give Street and Number.} 717 Bradley

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1906

AGE 1 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm Larter

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lillian Thomas

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev W. T. Allen.

(Address) 715 George st.

Filed 4/7 1907 ALBERT S. [illegible] CLERK Registrar

4/7/1907

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 5 1907 that I last saw h alive on April 5 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate) Cholera Infantum

(DURATION) DAYS

Con'ributory (Primary.) Mal nutrition

(DURATION) DAYS

(Signed) L. S. Hawkins M.D.

Address 1202 Druid Hill Ave

Date April 5 1907

Place of Burial Mt Auburn

Date April 8th 1907

Undertaker Felix B Pye.

Address 1028 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99972

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1921, Harlem Ave St.; 16th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Son of Jay & Ethel R. Lee Malamber

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Mar (Month) 31 (Day) 1907 (Year)

AGE: — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): 1921 Harlem Ave Balto.

FULL NAME OF FATHER: Jay Malamber

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Roberta Lee Harbor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Jay Malamber

(Address) 1921 Harlem Ave

Filed 4/7/1907 J. L. C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 7 (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 31 1907 to Apr 7 1907 that I last saw him alive on Apr 6 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Premature birth at 7 months caused by spontaneous rupture of membrane.

(DURATION) 7 DAYS

Contributory Exhaustion Asthenia

(DURATION) 1 DAYS

(Signed) J. Wesley Cole M. D.

Apr 7 1907 (Address) 735 N Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet Balto Co

DATE OF BURIAL: Apr 8 1907

UNDERTAKER: Geo J. Smith Co

ADDRESS: 1000 Pt. Payette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 99973 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Blumberg

{ Residence, if in Baltimore, Give Street and Number. } Hebrew Orphanage

Duration of Residence in Baltimore. B.99973

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Isenberg

(Address) 2031 McCulloh St

Filed 4/9/1907 L. L. Co., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 27 1907 to Apr 6 1907 that I last saw him alive on Apr 6 1907 11.30 a.m. and that death occurred, on the date stated above, at ..... a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 9 DAYS

(Signed) Hebrew Hospital M.D.

Address Hoy. Baylor Jr.

Date Apr. 6 1907

Place of Burial Beth Hebrew Cemetery

Date April 8 1907

Undertaker Threms Co

Address 754 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 99974 Registered No. B 99974

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Maryland University St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sallie E Funk

{ Residence, if in Baltimore, Give Street and Number. } 1123 Warner St.

Duration of Residence in Baltimore. 7 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF B[illegible] Feb. 22nd 1867

AGE 40 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) York Pa.

FULL NAME OF FATHER Elias D. Shetter

BIRTHPLACE OF FATHER (State or country) York Co. Pa.

MAIDEN NAME OF MOTHER Mary Smiser

BIRTHPLACE OF MOTHER (State or country) York Co. Pa.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. W. Funk.

(Address) 1123 Warner St.

Filed 4/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from As above 1906 to 1906

that I last saw h[illegible] alive on 1906,

and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock following burns of head & body, from gasoline used in making fire in stove in kitchen (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert Coroner M.D.

Address 211 W. Lanvale St

Date 4. 6 1907

Place of Burial York Pa.

Date April 9th 1907

Undertaker Dur & Imes John H. Deufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 99975 Registered No. B 634

CERTIFICATE OF DEATH.

(Place of Death.) No. 2523. madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John - J. Bailey

{Residence, if in Baltimore, Give Street and Number.} 2523. madison ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Octo 7 1855

AGE: 51 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Accamac Co Va

FULL NAME OF FATHER: Bowman H Bailey

BIRTHPLACE OF FATHER (State or country): Acc Co Va

MAIDEN NAME OF MOTHER: Nancy Johnson

BIRTHPLACE OF MOTHER (State or country): Acco Co Va

OCCUPATION OF DECEASED: Grocery Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Bailey

(Address) 2523 Madison ave

Filed 4/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to April 5 1907

that I last saw him alive on April 4 1907,

and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary.) Multiple Sclerosis (DURATION) 17 DAYS

(Signed) Edmund Jones M.D

Address 1744 N Broadway

Date April 6th 1907

Place of Burial London Park

Date April 8th 1907

Undertaker Geo. Bauh

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 9578 — 92 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 641 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C. Arndt

{Residence, if in Baltimore, Give Street and Number.} 641 W. Hoffman St.

Duration of Residence in Baltimore. Life

B 49976

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: June 12. 1886.	
AGE: 20 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Henry Arndt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Laura Wolff
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Arndt

(Address) 641 W. Hoffman

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5. 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to April 5 1907 that I last saw h um alive on April 5 1907, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

3 weeks (DURATION) DAYS

Contributory (Primary.) Bronchopneumonia

3 weeks. (DURATION) DAYS

(Signed) Geo. W. Kemmler M.D.

Address 800 Harlem ave

Date April 7. 1907

Place of Burial Loudon Park

Date April 8th 1907

Undertaker Geo. Bonk

Address 534 N. Bradford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 S. Duncan Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ruth Kennard

{Residence, if in Baltimore, Give Street and Number.} 17 S Duncan Alley

Duration of Residence in Baltimore.

B. 99977

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	5 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	David L Kennard
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	F Lanne Thomas
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Eastern Shore none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Lanne Thomas

(Address) 17 S Duncan Alley

Filed 4/8 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 4 1907 to Apr 6 1907

that I last saw h[er] alive on Apr 6 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) DAYS

Contributory (Primary) Intestional Obstruction (DURATION) 3 DAYS

(Signed) W. E. Lavogue M.D.

Address 2040 E. Pratt St

Date April 7th 1907

Place of Burial Laurel Cemetery

Date April 8 1907

Undertaker R. S. Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 99978 Registered No. B 99978

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 N Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David W Wire

{Residence, if in Baltimore, Give Street and Number.} 6 N Spring

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 4 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Samuels M.D.

Address Coroners Office

Date Apr 4 1907

Place of Burial Woodlawn Cemetery

Date April 8 1907

Undertaker E A McElliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

113

Ward 7 99979 Registered No. B 1191

CERTIFICATE OF DEATH.

(Place of Death.) No. 1325 E. Biddle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry R. Grubb

{ Residence, if in Baltimore, Give Street and Number. } 1325 E. Biddle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH May 22nd 1878

AGE 28 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER J. Taylor Grubb.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Emma L. Collins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma L. Grubb.

(Address) 1325 E Biddle St.

Filed 4/8 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 18th 1907 to Apr. 7th 1907 that I last saw h— alive on Apr. 5th 1907, and that death occurred, on the date stated above, at 9:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary.) Acute Bright's Disease (DURATION) 60 DAYS

(Signed) G. N. Litsinger M.D.

Address 212 N. Front St

Date Apr. 7th 1907

Place of Burial Loudon Park Cem.

Date April 10th 1907

Undertaker Peter Campbell Son

Address 1723 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 99980 — Registered No. B ...

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 1233½ Mulliken St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Simpson

{Residence, if in Baltimore, Give Street and Number.} 1233½ Mulliken

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 44 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Mathias Simpson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margaretta Thing

BIRTHPLACE OF MOTHER (State or country) Easton Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Carrie Simpson

(Address) 1233½ Mulliken

Filed 4/8 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at 8.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Geo. Lammen M.D.

Address Coroner M.E.D.

Date April 6 07. 190

Place of Burial Asbury C

Date April 8th 1907

Undertaker Wm J Gladson

Address 142 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19V

CERTIFICATE OF DEATH.

Registered No. B 99981

City of Baltimore, (No. 722 N. Howard St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia Marie Foudrat

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Pierre Foudrat

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Sophine Ramignon

BIRTHPLACE OF MOTHER (State or country): Paris France

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emelie Foudrat

(Address) 722 N. Howard St

Filed 4 8 1907

HARRY C. ARDEAS, PERMIT CLERK: Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 2. 1907 to April 6. 1907

that I last saw h alive on April 6. 1907,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Myocarditis and dilatation of heart

(DURATION) ? DAYS

Contributory Dr Troy

(DURATION) 28 DAYS

(Signed) Alfred Wanstall, M. D.

Apr. 7 1907 (Address) 921 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	April 9 1907
UNDERTAKER	ADDRESS
David McLean Co	833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 99982 Registered No. B 99982

CERTIFICATE OF DEATH.

176

(Place of Death.) No. Chas of Mr. Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel J. Murphy

{Residence, if in Baltimore, Give Street and Number.} 1135 Sharp St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1886

AGE 21. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Daniel J. Murphy.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anna

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Murphy

(Address) 1135 S. Sharp St.

Filed 4/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from as Chronic 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 —. M. CAUSE OF DEATH (Secondary or Immediate)

Blood poison from septic tub Shot-Wound in abdomen by Geo Dixon

(DURATION) DAYS

Contributory (Primary.) (Homicide C.D.J.)

(DURATION) 3 DAYS

(Signed) J. D. Gelston Cor. M.D.

Address 211 W. Lanvale

Date 4. 6. 1907

Place of Burial Cathedral Cem.

Date ~~April 8~~ April 9 1907

Undertaker D. J. M. G. Fr. Lynn

Address

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B 9983

City of Baltimore, (No. 1507, W Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwin Livingstone Barringer.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) - 29 (Day) 1906. (Year)

AGE: — years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Rutherford H. Barringer

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Katharine Livingston

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address)

Filed 4/8/07 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) — 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 6 1907.

that I last saw him alive on April 6 1907,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(cardiac asthenia).

(DURATION) 4 DAYS

Contributory —

(DURATION) — DAYS

(Signed) S. H. H. Arthur M. D.

April 6 1907 (Address) 1516 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemt

DATE OF BURIAL: April 8 1907

UNDERTAKER: D. F. & M. J. Flynn

ADDRESS: 42 E. Lexington St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ...

CERTIFICATE OF DEATH.

131

(Place of Death.) No. 1350 Garrett ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward Bruce

{ Residence, if in Baltimore, Give Street and Number. } 1350 Garrett ave.

Duration of Residence in Baltimore. 1 1/2 yrs

B.99999

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH October 6th 1905

AGE 1 years, 6 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Granville Bruce

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine Bowes

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Granville Bruce

(Address) 1350 Garrett ave

Filed 4/8 1907 CLERK OF ORPHANS' COURT Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 6 1907

that I last saw h[illegible] alive on April 6 1907,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(acute Meningitis)

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 14 DAYS

(Signed) E. Judson Wilcox M.D.

Address 2029 W. Balto St.,

Date Balto, Md. April 7 1907.

Place of Burial Cedar Hill

Date April 8th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 99985 Registered No. B

CERTIFICATE OF DEATH. 1667

(Place of Death.) No. 1717 Patapsco St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick Warer.

{ Residence, if in Baltimore, Give Street and Number. } 1717 Patapsco St

Duration of Residence in Baltimore. 42 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 24 1863

AGE: 43 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Richmond Va.

FULL NAME OF FATHER: Henry Warer

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Louis

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Raimers (sister)

(Address) 1717 Patapsco St.

Filed 4/8 1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7. 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4.50

P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of the Brain

Accidental fall while intoxicated

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. M. Leinhardt M.D.

Coroner

Address .....

Date April 7, 1907

Place of Burial Cedar Hill

Date April 10 1907

Undertaker Jos Stumbeck

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99986 Registered No. B

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 318 S. Vincent St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah E. Cramblitt,

{Residence, if in Baltimore, Give Street and Number.} 318 S. Vincent St.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore County, Md

FULL NAME OF FATHER: Henry Rigby

BIRTHPLACE OF FATHER (State or country): Baltimore County Md.

MAIDEN NAME OF MOTHER: Amanda Boseman

BIRTHPLACE OF MOTHER (State or country): Howard Co, Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E. Svendsen

(Address) 217 S. Paca St

Filed 4/8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6, 1907

I HEREBY CERTIFY, That I attended deceased from March X 1907 to Apr. 6 1907

that I last saw her alive on Apr. 5, 1907,

and that death occurred, on the date stated above, at 6:35 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis pulmonalis

(DURATION) X DAYS

Contributory (Primary.) X

(DURATION) X DAYS

(Signed) E. A. Dickey M.D.

Dispensary Physician Franklin Square Hospital

Address

Date Apl 6 1907

Place of Burial Western Cemetery

Date April 8 1907

Undertaker Jos. Svendsen. Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 9998?

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823 Summitt Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. L Mules

{ Residence, if in Baltimore, Give Street and Number. } 1823 Summitt Place

Duration of Residence in Baltimore. whole life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH 1

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Mules

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Sarah Tucker

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar L Mules

(Address) 1823 Summitt place

Filed 4/8 1907 HARRY O. INGRAM PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 — 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to April 6 1907 that I last saw h— alive on April 6 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Nephritis & Cystitis

nearly one year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. M Cook M.D.

Address 1101 W Lanvale St

Date April 7 — 1907

Place of Burial Loudon Park

Date April 9 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

99988

CERTIFICATE OF DEATH.

99988

27V

(Place of Death.) No. 110 Harford Av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Chas E Lucas

{ Residence, if in Baltimore, Give Street and Number. } 110 Harford av

Duration of Residence in Baltimore. All Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W

DATE OF BIRTH 1868

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles E Lucas

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary J Paslen

BIRTHPLACE OF MOTHER (State or country) Washington D C

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Lucas

(Address) 110 Harford Ave

Filed 4/8 1907 HARRY O. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to April 6th 1907 that I last saw h im alive on April 5 1907, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

One year (DURATION) DAYS

Contributory (Primary.) ... (DURATION) DAYS

(Signed) E G Darling M.D.

Address Lawrenceville md

Date April 6 1907

Place of Burial Baltimore Cem

Date April 9 1907

Undertaker Leon Cook

Address 30 & E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 17 Registered No. B 99989

CERTIFICATE OF DEATH.

(Place of Death.) No. 3033 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tabitha A. Lack

{ Residence, if in Baltimore, Give Street and Number. } 3033 St Paul

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 14 1888

AGE: 88 years, 8 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Fahey

(Address) 3033 St Paul St

Filed 4/8 1907 HARRY C. ANDRUS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from 3/ March 1907 to 6th April 1907 that I last saw her alive on 6th April 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Bronchopneumonia (DURATION) 7 DAYS

(Signed) Geo. C. Ogsden M.D.

Address 909 N Charles St

Date April 7th 1907

Place of Burial Baltimore Cemetery

Date April 9th 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 2601 N Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha J Brandt

{Residence, if in Baltimore, Give Street and Number.} 2601 N Franklin St

Duration of Residence in Baltimore. 55 years B 99990

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adolph Hafmeister

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Frederica Kenah

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhardt Brandt

(Address) 2601 N Franklin

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1st 1907 to Apl 1st 1907

that I last saw h~~er~~ alive on Apl 1st 1907,

and that death occurred, on the date stated above, at 7.30 ~~a~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular disease of Heart

Five yrs (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date April 6 1907

Place of Burial Balto Cem

Date Apr 8/07 1907

Undertaker Wm Cook

Address 2026 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V

Registered No. B 99991

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 N. Perry St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin May Watts

{ Residence, if in Baltimore, Give Street and Number. } 121 N. Perry St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Horace Watts

BIRTHPLACE OF FATHER (State or country): West. Indies -

MAIDEN NAME OF MOTHER: Maria Carroll

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Horace watts

(Address) 121 Perry st

Filed 4/8 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 6 - 1907

I HEREBY CERTIFY, That I attended deceased from Apr 5 1907 to Apr 5 1907;

that I last saw her alive on Apr 5 1907;

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J Edward Lusk M.D.

Address 5328 Hamond St.

Date 4/7 1907

Place of Burial Mt. Auburn Cem.

Date April 8 - 1907

Undertaker E. L. Brown & Son

Address 108 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 99992 Registered No. B [illegible]

CERTIFICATE OF DEATH.

794

(Place of Death.) No. in Central Patrol Magazine to City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernhardt Schletterlau

{ Residence, if in Baltimore, Give Street and Number. } 621 Dinneling Court

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 2nd 1854

AGE 52 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schletterlau

(Address) 621 Dinneling Court

Filed 4/8 1907 HARRY C. CLERKS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 6 1907

I HEREBY CERTIFY, That I attended deceased from Sudden 190 death 190

that I last saw h[illegible] alive on [illegible] 190[illegible],

and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION)

(Signed) Benj. S. Dunglas M.D.

Address 216 E Cumberland St.

Date Apr. 7 1907

Place of Burial St Mathews Cemetery

Date April 9 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... Registered No. B.....

CERTIFICATE OF DEATH.

9 V V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Eliza Burkhart

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 40 Years D.99993

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to April 5 1907 that I last saw her alive on April 5 1907 and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility, Bronchopneumonia, Arteriosclerosis

..... (DURATION) ..... DAYS

Contributory (Primary) Obstruction

..... (DURATION) ..... DAYS

(Signed) R R Vonnik M.D.

Address Bay View Asylum

Date April 6 1907

Place of Burial Mt Olivet

Date April 8 1907

Undertaker Josiah Sylvester

Address 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 99904 Registered No. B 99904

CERTIFICATE OF DEATH. 114

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Webb

{Residence, if in Baltimore, Give Street and Number.} N. Spring St 626

Duration of Residence in Baltimore. About 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH 1807

AGE 50 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER Calaway Webb

BIRTHPLACE OF FATHER (State or country) Caroline Co. Md

MAIDEN NAME OF MOTHER Harriet Keffas

BIRTHPLACE OF MOTHER (State or country) Caroline Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM

(Informant) Lamar Hollyday, Supt.

(Address)

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to April 6 1907 that I last saw h... alive on April 6 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation

Senilitus

(DURATION) DAYS

Contributory (Primary) Accidental

of Lungs (DURATION) DA...

(Signed) R R Kane M.D.

Address Bay View Hospital

Date April 6 1907

Place of Burial Cambridge Md

Date April 8th 1907

Undertaker Chas. G. Bailey

Address 1721 Jefferson Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 V

CERTIFICATE OF DEATH.

Registered No. B 99995

City of Baltimore, (No. 820 Woodley, St.; 16 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen L. Smoot

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James D Spillman

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert W Smoot

(Address) 820 Woodley St

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 5 1907 that I last saw h-- alive on April 5 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

The Disease - I

Pneumonia

(DURATION) 5 DAYS

Contributory Asphyxia

(DURATION) — DAYS

(Signed) J. L. Bruce M. D.

April 7 1907 (Address) 9 and 9 Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Mt Olivet | DATE OF BURIAL April 8 1907

UNDERTAKER John E Hough & Co | ADDRESS 1422 Penna

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 — 99996 — Registered No. B 99996

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name [redacted]

{Residence, if in Baltimore, Give Street and Number.} 1108 W. Balto. St

Duration of Residence in Baltimore. 6 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 4th 1907 to Apr. 5th 1907

that I last saw h[er] alive on Apr. 5th 1907,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Bright's Chronic unknown

(DURATION) DAYS

(Signed) H. L. Branham M.D.

Address 1 Franklin Square Hospital

Date 4-6- 1907

Place of Burial National Cem

Date April 9 1907

Undertaker Jos. H. Cook

Address ~~1003 W. Balto St~~ 1422 Pennsave

1422 Pennsave Removed to ~~1003 W. Balto St~~

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 9997

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear of 15-9 N Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert White

{Residence, if in Baltimore, Give Street and Number.} 15-9 W. Lanvale St.

Duration of Residence in Baltimore. Thirteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/8 1907 MARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Acid Intoxication (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Allan Baeckmin M.D.

Address 700 Lafayette (Grown)

Date April 5th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 6 - 1907 190 ...

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — Registered No. B 99998

CERTIFICATE OF DEATH.

(Place of Death.) No. 1939 E. Biddle St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susana Hollmeyer

{Residence, if in Baltimore, Give Street and Number.} 1939 E Biddle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 4th of February 1852

AGE: 55 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Francis J. Siller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Pauline Rhodie

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Hollmeyer

(Address) 1939 E. Biddle St.

Filed 4/8 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 6th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1903 to April 6 1907

that I last saw her alive on April 6 1907

and that death occurred, on the date stated above, at 1½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

Complicated with

Malarial Fever

and 17 days 3 yrs 3 months (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thos. J. Symms M.D.

Address 10 23 N Wolfe St

Date Baltimore April 8th 1907

Place of Burial Holy Redeemer

Date April 9 1907

Undertaker Henry Hook & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99999 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1323 Hanover St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Sarah M. Tall

{Residence, if in Baltimore, Give Street and Number.} 1323 Hanover St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH January 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Dorchester Co Md.

FULL NAME OF FATHER Sylvester C Tall

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md.

MAIDEN NAME OF MOTHER Julia A Tracy

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L. Tall

(Address) South Balto Md

Filed 4/8 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from September 1906 to April 6th 1907

that I last saw her alive on April 5th 1907

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 Year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T J O'Donnell M.D.

Address 1840 Schroeder St

Date April 7th 1907

Place of Burial MOUNT OLIVET. APR 8 - 1907

Date 190

Undertaker Armstrong Denny Co., 715 Light Street.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 100000 Registered No. 6 100000

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2127 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teresa Ada Hatch

{Residence, if in Baltimore, Give Street and Number.} 2127 Jefferson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femail | COLOR: White

DATE OF BIRTH: 1 1

AGE: 22 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Hatch

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hatch

(Address) 2127 Jefferson A

Filed 4/8 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 4 1907

that I last saw h.. alive on April 4 1907

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. McCartin M.D.

Address 16 Broadway

Date April 6 1907

Place of Burial Mount Carmel

Date April 8th 1907

Undertaker Wendell Appleton

Address 37 S Howard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 0001

CERTIFICATE OF DEATH.

(Place of Death.) No. 43 Stone Hill Dist Vernon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alveta Pearl Wilhelm

{ Residence, if in Baltimore, Give Street and Number. } 43 Stone Hill Dist Vernon

Duration of Residence in Baltimore. Four months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 23 1906

AGE 1 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Abraham Wilhelm

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Margaret E. Jackson

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E. Wilhelm

(Address) Balto Co

Filed 4/8 1907

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 31 1907 to April 7 1907 that I last saw her alive on April 7 1907 and that death occurred, on the date stated above, at 1.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary) Convulsions

(DURATION) 1 DAYS

(Signed) H. W. Faw M.D.

Address 12 E 25th St

Date April 8 1907

Place of Burial Forest Baptist Church Balto Co Md

Date April 9 1907

Undertaker Ivan E. Shamroth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. C 0002

CERTIFICATE OF DEATH.

34 V

(Place of Death.) No. 1403 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Camilla Hubbard

{Residence, if in Baltimore, Give Street and Number.} 1403 E. Lanvale St

Duration of Residence in Baltimore. ~~Balto~~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 11 1844

AGE: 62 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Worchester Co Md

FULL NAME OF FATHER: Wm H Bennett

BIRTHPLACE OF FATHER (State or country): Worchester Co

MAIDEN NAME OF MOTHER: Catherine Seward

BIRTHPLACE OF MOTHER (State or country): Worchester Co Md

OCCUPATION OF DECEASED: Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pennel

(Address) 1403 E. Lanvale St

Filed 4/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 5th 1907 to April 6 1907

that I last saw her alive on April 6 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Tuberculosis

(DURATION) ½ DAYS

Con'ributory (Primary.)

(DURATION) X DAYS

(Signed) Chas. B. Leyton M.D.

Address 830 N Broadway

Date April 7 1907

Place of Burial Balto Cemetery

Date April 9 1907

Undertaker Henry Lutz

Address 1007 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 1

Registered No. C 0003

CERTIFICATE OF DEATH.

1 V

(Place of Death.) No. 1314 Garret Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irma Betty Serdig

{ Residence, if in Baltimore, Give Street and Number. } 1314 Garret Av

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 17 1907

AGE — years, 2 months, 18 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Henry Serdig

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Helmine Novak

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Serdig

(Address) 1314 Garret Av

Filed 4/8 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1907

I HEREBY CERTIFY, That I attended deceased from April 7th 1907 to Apr. 7 1907

that I last saw h[illegible] alive on Apr 7 1907,

and that death occurred, on the date stated above, at 11

M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia (DURATION) 8 hours DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1510 E. Fort Av

Date Apr. 7 1907

Place of Burial St. Evangelical Cem

Date April 8 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Balto. Sts. and 1703-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 0004 Registered No. 8 C 0004

CERTIFICATE OF DEATH.

(Place of Death.) No. 228 Albemarle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William J. Kelly

{Residence, if in Baltimore, Give Street and Number.} 228 Albemarle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22 1907

AGE: 31 years, 10 months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Kelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann McNeal

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 228 Albemarle St.

Filed 4/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to April 6 1907

that I last saw h— alive on April 5 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Pneumonia

(DURATION) 5 weeks

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 S Broadway

Date April 9 1907

Place of Burial ~~Sacred Heart~~ St. Mary's

Date Apl. 9 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0005 Registered No. C 0005

1234

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. Dougherty

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 7 1907 that I last saw him alive on April 7 1907 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pyelonephritis,

(DURATION) DAYS

Contributory (Primary) Senility, Purulent cystitis (DURATION) DAYS

(Signed) R R Konig M.D.

Address Bay View Asylum

Date April 7 1907

Place of Burial Sacred Heart

Date Apl 8 1907

Undertaker Evans & Spencer

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 0006 Registered No. 796

CERTIFICATE OF DEATH.

(Place of Death.) No. 50 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Moore 6

{ Residence, if in Baltimore, Give Street and Number. } 50 W. West St.

Duration of Residence in Baltimore, 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dont Know

AGE 65 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER David Millbourne

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Sarah —

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Tilghman (daughter)

(Address) 50 W West St

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK: Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1907

I HEREBY CERTIFY, That I attended deceased from ___ 190 to ___ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the Heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Weinhardt M.D.

Address Broome

Date April 6 1907

Place of Burial Laurel Cemetery

Date april 8 1907

Undertaker John H. Stadden

Address 142 N. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 0007 Registered No. 1914

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~779 W. Mulberry~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Place of death 762 W. Mulberry

Full Name Georgie Curtis)

{Residence, if in Baltimore, Give Street and Number.} 779 W. Mulberry St

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Malen Hawkins

BIRTHPLACE OF FATHER (State or country): Dan Louvre

MAIDEN NAME OF MOTHER: Henretta Beach

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Curtis

(Address) 779 W. Mulberry St

Filed 4/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to April 6 1907 that I last saw her alive on April 6 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

(DURATION) DAYS

Con'ributory (Primary.) Valvular

Lesion of Heart (DURATION) DAYS

(Signed) T. H. Hankins M.D.

Address 1212 E. Hillary

Date April 8 1907

Place of Burial Laurel Cemetery

Date April 9th 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0003

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0003

City of Baltimore, (No. 670 Sarah Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lola Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	April 2 1907 (Month) (Day) (Year)
AGE	...years, ...months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Sam Richardson
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	— —
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman St

Filed 4/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 2nd 1907 to April 6th 1907 that I last saw her alive on April 6th 1907, and that death occurred, on the date stated above, at 6:30 P.M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 5 DAYS

Contributory Pneumonia

(DURATION) 1 DAYS

(Signed) Geo. W. Faulenbach M.D.

April 7th 1907 (Address) 635 Warden St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 8 1907

UNDERTAKER: JAMES H. DENNIS

ADDRESS: 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8th C 0009 Registered No. B

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 824 Willow St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A Drescher

{Residence, if in Baltimore, Give Street and Number.} 224 Foster Ave. Baltimore Co.

Duration of Residence in Baltimore. Lifetime in Balto. Co.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 5th 1883
AGE	23 years, 9 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Co Md.
FULL NAME OF FATHER	Thomas Jones
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary L Diggens
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Drescher

(Address) 824 Willow St.

Filed 4/8/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1907

I HEREBY CERTIFY, That I attended deceased from 5th April 1907 to 8th April 1907 that I last saw h[illegible] alive on 7th April 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Valvular heart disease (DURATION) over 300 DAYS

(Signed) Wm B Reynolds M.D.

Address 809 N Charles St

Date April 8th 1907

Place of Burial New Cathedral Cemetery

Date April 9th 1907

Undertaker Germanus France

Address 1809 & 1811 Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0010 Registered No. B [illegible] 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427 Linden Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. A Hiss

{Residence, if in Baltimore, Give Street and Number.} 1427 Linden av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. 14th 1865

AGE: 41 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles M. Hiss

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary A. Bosley

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Albert Slaughter

(Address) 27 W. Mt. Royal av

Filed 4/9/ 1907 HARRY C. WEBER, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

died instantly (DURATION) ..... DAYS

Con'ributory (Primary.) Suicide, cut throat with razor (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette av. (Corner)

Date April 7th 1907

Place of Burial Greenmount Cemetery

Date April 9 1907

Undertaker H. W. Means & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 0021.

104 V

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 809 S Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lula Holmes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. (Month) 10 (Day) 1870 (Year)

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Edw. Kenig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Holmes

(Address) 809 S Broadway

Filed 4/8/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to April 6 1907

that I last saw her alive on April 6 1907

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Gastritis -

(DURATION) 25 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. W. C. Cuddy M. D.

Apl. 8 1907 (Address) 937 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Prospect Hill Cem. Washington D.C.

DATE OF BURIAL: April 9 1907

UNDERTAKER: John A. Inman

ADDRESS: Bank & Ann

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 0022 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 N. Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hannah O'Donnell

{ Residence, if in Baltimore, Give Street and Number. } 138 N. Milton Ave.

Duration of Residence in Baltimore. Dont know

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 17 1840

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos. Kane

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick O'Donnell

(Address) 138 N. Milton ave

Filed 4/8 1907 MARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7, 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 7 1907 that I last saw h[illegible] alive on April 6, 1907, and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, fever

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date April 8, 1907

Place of Burial Holy Cross Cem.

Date April 9th 1907.

Undertaker John A. Inman

Address Bank & Aisquith Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 0013 Registered No. B 40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Deacon

{Residence, if in Baltimore, Give Street and Number.} 2036 Gough St

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1849
AGE	58 years, ... months, ... days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget McCleary

(Address) Johns Hopkins Hospital

Filed 4/8/1907 [illegible] Registrar

CITY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to April 6 1907

that I last saw him alive on April 6 1907

and that death occurred, on the date stated above, at 7.50 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Esophagus

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Est. Richardson M.D.

Address Johns Hopkins Hospital

Date April 7 1907

Place of Burial Oak Lawn Cemetery

Date APR 9 1907 1907

Undertaker Albert E. Fuller

Address 226 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 0014 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 Druid Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie M. Taylor

{Residence, if in Baltimore, Give Street and Number.} 125 Druid Ave

Duration of Residence in Baltimore. 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apl 7 1886

AGE: 21 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Ed. M Taylor

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Hancock

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed M Taylor

(Address) 125 Druid Ave

Filed 4/8/1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 7 1907

I HEREBY CERTIFY, That I attended deceased from Apr 3rd 1907 to Apr 7 1907 that I last saw her alive on Apr 7 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apnea & Collapse

(DURATION) 1 DAYS

Contributory (Primary) Catarrhal Pneumonia (DURATION) 10 DAYS

(Signed) Mrs N. Fahrman M.D.

Address 803 Pt Ave

Date Apr 8th 1907

Place of Burial Mt Olivet C.

Date Apl 9 1907

Undertaker J. C. Wenzel

Address 3523 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0015 Registered No. B 166 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 962 N. Chapel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles Kochta

{Residence, if in Baltimore, Give Street and Number.} 962 N. Chapel st

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Kochta

(Address) 962 N. Chapel St

Filed 4/8/1907 L.E.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Body Mangled by Locomotive

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred K. Ames M.D.

Address Coroners Office

Date April 8-07 1907

Place of Burial Holy Redeemer

Date April 9 1907

Undertaker Frank Smach

Address 1909 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV C 0016 Registered No. B 0016

CERTIFICATE OF DEATH. NV

(Place of Death.) No. 646 W German St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin N. Rowe

{Residence, if in Baltimore, Give Street and Number.} 645 W. German St.

Duration of Residence in Baltimore. 53 yrs, C0016

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 14 — 1854
AGE	52 years, 8 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	William Rowe
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Eliza
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Rowe

(Address) 645 W German

Filed 4/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 7 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Apr. 7 1907

that I last saw h[illegible] alive on Apr. 4 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

I Tubercular Pleuritis,

18 months, (DURATION)

Contributory (Primary.) Heart failure (DURATION)

(Signed) J. M. Driscoll,

Address 623 Columbia Ave

Date Apr. 8 1907

Place of Burial Greenmount Cem.

Date April 9 1907

Undertaker Jacob Pfeltz & Co

Address 754 E. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66 V

CERTIFICATE OF DEATH.

Registered No. B C 0017

City of Baltimore, (No. 9 Merryman Lane St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lorenzo Norris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md ~~colored~~

FULL NAME OF FATHER: Joseph Norris

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rebecca Henrick

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Norris

(Address) 9 Merryman Lane

Filed 4/9 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 8d 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from abt. 7th 1907 to April 8 1907

that I last saw h— alive on abt. 7 1907,

and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Paralysis

2 (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. J. Stuckert Jr., M. D.

April 8 1907 (Address) 811 Gough ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 10 1907

UNDERTAKER: Felix B Pye — ADDRESS: 102 E Mulberry

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 0018 Registered No. B ... 14

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Kara

{Residence, if in Baltimore, Give Street and Number.} 2019 E. Eager st.

Duration of Residence in Baltimore. 3 years C098

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1880

AGE 27 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cabinet-Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Klecka

(Address) 1513 Ashland Ave

Filed 4/9 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 8 1907 that I last saw h~~im~~ alive on April 8 1907 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia - Of Peritonitis following Perforation

(DURATION) 15 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 15 DAYS

(Signed) Edward L. Lynn Jr. M.D.

Address St Joseph Hospital

Date April 8 1907

Place of Burial Oak Hill

Date April 10 1907

Undertaker Frank Coach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 0019 Registered No. B 96

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Forte

{Residence, if in Baltimore, Give Street and Number.} 126 Pearl St

Duration of Residence in Baltimore. 34 yrs 1 6

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Phila Pa

FULL NAME OF FATHER: George Forte

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: ~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Forte

(Address) 126 N Pearl

Filed 4/9/ 1907 HENRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to April 8 1907 that I last saw her alive on April 8 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Laryngeal Diphtheria (DURATION) 6 DAYS

(Signed) John E Huck M.D.

Address 649 W Lexington

Date April 9 1907

Place of Burial St Vincents

Date 4/9/07 1907

Undertaker Wm J Schilling

Address 9 S Broadway

11. a.m.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — C 0020 — Registered No. B

C 0020
CERTIFICATE OF DEATH.

91 ✓

(Place of Death.) No. 610 North Arlington Ave, St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Wolfgang Krauss

{Residence, if in Baltimore, Give Street and Number.} 610 North Arlington Ave.

Duration of Residence in Baltimore. Fifty-five years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White.
DATE OF BIRTH	August 2, 1824
AGE	82 years, 8 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower.
BIRTHPLACE (State or country)	Baravia, Germany.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Blacksmith Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Miller

(Address) 610 N. Arlington Ave

Filed 4/9 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7, 1907.

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 7 1907 that I last saw h.im alive on April 7 1907, and that death occurred, on the date stated above, at 12 M.

I. CAUSE OF DEATH (Secondary or Immediate)

Old age (Senility) and acute Bronchitis.

(DURATION) 7 DAYS

Con'ributory (Primary.) Exhaustion,

(DURATION) DAYS

(Signed) Chas H. Burkert, M.D.

Address 1100 W Lafayette Ave

Date Balto. April 8th 1907.

Place of Burial Western Cemetery

Date April 9th. 1907

Undertaker Geo. Bentz

Address 554 N Bidd[illegible] St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0021 Registered No. B C 0021

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Karl Gruenwald.

{ Residence, if in Baltimore, Give Street and Number. } Emmyjack -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W
DATE OF BIRTH	1
AGE	— years, 11 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher Bro

(Address) C. L. Gay St

Filed 4/8/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 6 1907 to Apr. 8 1907

that I last saw h— alive on Apr. 8 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Immunitis

Bronchial - Pneumonia

(DURATION) DAYS

Contributory (Primary.) Exanthem

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date April 9 1907

Place of Burial 1st Evangelical Lem

Date April 9 1907

Undertaker H. Snyder & Sons

Address 1700 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

C 0022 Registered No. B C 0022

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 508 Walnut ave. Smith

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Brown

{Residence, if in Baltimore, Give Street and Number.} 508 Walnut ave

Duration of Residence in Baltimore, 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 36 yrs

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm. Brown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. D. Brown

(Address) 577 Eutaw St

Filed 4/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907 to 1907

that I last saw h..... alive on 1907

and that death occurred, on the date stated above, at.....m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Acute Suddenly (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Alex Bateman M.D.

Address 700 Lex. ave. (Town)

Date April 7th 1907

Place of Burial Laurel Md

Date April 9 1907

Undertaker Alex. Hemsley

Address 57 Robinhood

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0023

City of Baltimore, (No. 800 S. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Somers

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	January 12 1864
AGE	42 years, 8 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Henry H. Somers
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Martha Norton
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	Grain Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Somers

(Address) 800 S Charles St.

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to April 7th 1907

that I last saw him alive on April 7th 1907,

and that death occurred, on the date stated above, at 9.40 M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

1 month (DURATION)

Contributory Hemiplegia (DURATION) 10 DAYS

(Signed) H. V. Webster M. D.

April 8th 1907 (Address) Cor Charles & 4th.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 10 1907
UNDERTAKER	ADDRESS
W. J. Pickerstons	425 N. Camden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

123 v

CERTIFICATE OF DEATH.

Registered No. B C 0024

City of Baltimore, (No. 1810 W. Northam St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James W. Crum

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Kinnear

(Address) 1810 W Northam

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to April 7 1907 that I last saw h[illegible] alive on April 7 1907, and that death occurred, on the date stated above, at 1.15 a. M. The CAUSE OF DEATH was as follows:

Chronic Cystitis

2 Months (DURATION) ..... DAYS

Contributory Cerebral Hemorrhage

..... (DURATION) ..... DAYS

(Signed) J. B. Joyce M. D.

April 9 1907 (Address) 1100 W Mad

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet — DATE OF BURIAL: Apr 9 1907

UNDERTAKER: H. J. Tickner & Sons — ADDRESS: 425 N. Camden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0025 Registered No. B C 0025

CERTIFICATE OF DEATH.

(Place of Death.) No. 1342 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Percy Thompson

{Residence, if in Baltimore, Give Street and Number.} 1342 N. Carey St

Duration of Residence in Baltimore. During Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~all~~

DATE OF BIRTH: ~~but I was~~ 1

AGE: 26 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Irvin Thompson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Martha Phillips

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Egg Tester

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 1107 North Ave

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 6th 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 6th 1907

that I last saw him alive on April 6th 1907

and that death occurred, on the date stated above, at 12 M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 3 DAYS

Con'ributory (Primary.)

probably appendicitis (DURATION) DAYS

(Signed) W. R. Townsend M.D.

Address 207 N. Liberty St.

Date April 8th 1907

Place of Burial Laurel Cemetery

Date April 9 1907

Undertaker J. A. C. Bishop

Address 1107 North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 0026 Registered No. B C 0026

1727

CERTIFICATE OF DEATH.

(Place of Death.) No. Body found floating near Seven foot Knoll St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lorber.

{Residence, if in Baltimore, Give Street and Number.} 2432 E. Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't Know

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Lorber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wisbeck Undertaker

(Address)

Filed 4/9 1907 MARRY OF ANDRESS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20. 1907. Body found April 8. 1907

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h~~im~~ alive on ~~190~~,

and that death occurred, on the date stated above, at —

—M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto Weinhardt M.D.

Address Coroner

Date April 8 1907

Place of Burial Holy Redeemer

Date Apr. 10" 1907

Undertaker Wendell Lippert & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes, under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — C 0027 Registered No. B — C 0027

934

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Hanover alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dominic Rossi

{Residence, if in Baltimore, Give Street and Number.} Same 812 Hanover alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: March 1 1906

AGE: 1 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alfonso Rossi

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Rosinda Rossi

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Roberto

(Address) 217 Presidents st.

Filed 4/9 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 8 1907 that I last saw h[illegible] alive on April 8 1907 and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate.)

acute Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wilentine M.D.

Address 48 Broadway

Date April 9 1907

Place of Burial St. Vincent Cem

Date Apr. 10" 1907

Undertaker Trudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 0028 Registered No. B

C 0028

924

CERTIFICATE OF DEATH.

(Place of Death.) No. 870 S Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Ulrich

{Residence, if in Baltimore, Give Street and Number.} 870 S Dallas St

Duration of Residence in Baltimore. 22 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Ulrich

(Address) 870 S. Dallas st

Filed 4/9 1907

HARRY G. ANDRES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 = 1907

I HEREBY CERTIFY, That I attended deceased from —— 190 to —— 190

that I last saw h— alive on —— 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Cullen Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial Trinity

Date Apr. 9 " 1907

Undertaker Trudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 C 0029 Registered No. B C 0029

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1334 Carroll St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Etta Smith

{Residence, if in Baltimore, Give Street and Number.} 1334 Carroll St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colord

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Namon Robison

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry smith

(Address) 1334 Carroll St

Filed 4/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 4 1907 to Apr 6th 1907.

that I last saw her alive on " " 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 51 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. L. Nuckols M.D.

Address 607 S. Paca St

Date Apr. 8. 07 1907

Place of Burial Int Zion Cemetery

Date April 9 1907

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0030 Registered No. B 6 0030

116 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joe Glorion

{Residence, if in Baltimore, Give Street and Number.} 503 W. Pratt St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: 1

AGE: 22. years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jno. V. Glorion

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Dorman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kim Glorion

(Address) 503 W Pratt

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 8 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 26 1907 to Apr. 8 1907 that I last saw h im alive on Apr. 8 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Peritonitis

(DURATION) 30 DAYS

(Signed) Robt. C. Bay M.D.

Address University Hospital

Date Apr. 6 1907

Place of Burial St Vincent

Date Apr 9 1907

Undertaker Peter J. Lennon

Address Bway & Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 ✓

CERTIFICATE OF DEATH.

Registered No. B 0031

City of Baltimore, (No. 1033 Watson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Guy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man

COLOR: White

DATE OF BIRTH: June (Month) (Day) 1862 (Year)

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: J Guy

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Huxter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Keatmus

(Address) 1033 Watson St

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 8th 1907 to April 7 1907 that I last saw h im alive on April 6 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Acute pulmonary tuberculosis ✓

(DURATION) 60 DAYS

Contributory (DURATION) DAYS

(Signed) A. Palmisano M.D.

April 8th 1907 (Address) 224 S. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel	apr 11 1907
UNDERTAKER	ADDRESS
Robt Kumm	Bway ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50 ✓

CERTIFICATE OF DEATH.

Registered No. B 0 0032

City of Baltimore, (No. 1805 N Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mr Eliza Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH not known (Month) (Day) 1850 (Year)

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jas. O'Grady

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo A. Bennett

(Address) 1805 N Mount St

Filed 4/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Had Diabetes about 2 yrs. under Dr Jno D Blakes care Death from Sclerema of lungs. in 15 hrs. (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. A. Smith M. D.

Apl. 7 1907 (Address) 1605 N Mount St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL April 10th 1907

UNDERTAKER H F McCormick

ADDRESS 1729 W Lombard 21

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 V.

CERTIFICATE OF DEATH.

Registered No. B C 0033

City of Baltimore, (No. 305 Collins Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H Wood

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 10 1847 (Month) (Day) (Year)
AGE	59 years, 9 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Howard Co. Md.
FULL NAME OF FATHER	William Wood
BIRTHPLACE OF FATHER (State or country)	Howard Co Md.
MAIDEN NAME OF MOTHER	Jane P Hussey
BIRTHPLACE OF MOTHER (State or country)	Howard Co. Md.
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary C Wood

(Address) 305 Collins Ave.

Filed 4/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to April 6 1907 that I last saw h-- alive on April 6 1907, and that death occurred, on the date stated above, at 11.15 P. M. The CAUSE OF DEATH was as follows:

Syncope from
Heart Failure
(DURATION) 10 Minutes

Contributory Nephritis (DURATION) 3 Months

(Signed) Howard W Jones M. D.

April 9 1907 (Address) Irving Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	April 10 1907
UNDERTAKER Jas B Cook	ADDRESS 103 W Balto St

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH.

Registered No. B C 0034

City of Baltimore, (No. 2120 N. Charles St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Mrs. Charles E. Hill~~ Kate Watts Clayton Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 25 (Day) 1849 (Year)

AGE: 57 years, 11 months, 18 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: Philip Coleman Clayton

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Catharine Guest Schäffer

BIRTHPLACE OF MOTHER (State or country): Annapolis Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Philip Hill

(Address) 2120 N. Charles St.

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 6 1907 that I last saw her alive on April 6th 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Apoplexy.

Fell in body stroke a work

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. S. Barnard M. D.

April 8 1907 (Address) 2112 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount Cem

DATE OF BURIAL: April 9th 1907

UNDERTAKER: Wm J Jenkins Sons Co

ADDRESS: 2336 Sarah St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0035

City of Baltimore, (No. 118, Seldner Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME May Etta Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Feb (Month) 19 (Day) 1902 (Year)
AGE	5 years, 1 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles Johnson
BIRTHPLACE OF FATHER (State or country)	Annapolis
MAIDEN NAME OF MOTHER	Mary Martin
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Martin

(Address) 118 Seldner Place

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 8th 1907

that I last saw her alive on April 6 1907,

and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Paralysis - Cerebral

One year (DURATION) - DAYS

Contributory (DURATION) DAYS

(Signed) Jennie D. Brome M. D.

April 8 1907 (Address) 1310 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	April 10 1907
UNDERTAKER	ADDRESS
John H. Toadvine	1426 W. Fell

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 0036 Registered No. B C 0036

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 1845 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Wallace 6

{ Residence, if in Baltimore, Give Street and Number. } 116 Winter St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 30 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Wallace 6

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Elizabeth Newworks 6

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Garrison 6

(Address) 116 Winter St

Filed 4/9 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 7.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Leinhardt M.D.

Address Coroner

Date April 6 1907

Place of Burial Laurel Cem.

Date April 9 1907

Undertaker John H. Toadvine

Address 1426 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

80 V

CERTIFICATE OF DEATH.

Registered No. B C 0037

City of Baltimore, (No. 819 N Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie K. Heyn

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb (Month) 4 (Day) 1869 (Year)
AGE	38 years, 2 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Peter Henry Engpel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Katherine Fredrica Schumpellegger
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Katherine F. Engpel

(Address) 819 N. Monroe St.

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month), 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 7, 1907 to April 8 1907 that I last saw h-er alive on April 8 1907, and that death occurred, on the date stated above, at 9:30 A. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 1½ DAYS

Contributory

(DURATION) DAYS

(Signed) Walter A. Mayhew M. D.

April 8 1907 (Address) 1828 W. Lafayette ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Apr. 10th 1907
UNDERTAKER	ADDRESS
Geo. J. Smith & Co	1000 E Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 V

CERTIFICATE OF DEATH. C 0038

Registered No. B.....

City of Baltimore, (No. 115 South Arlington Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David McKenzie

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1825
AGE	82 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore Co Md
FULL NAME OF FATHER	Caleb McKenzie
BIRTHPLACE OF FATHER (State or country)	Balto Co Md
MAIDEN NAME OF MOTHER	Elizabeth Peirce
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walburn McKenzie

(Address) 115 S. Arlington Ave

Filed 4/9 1907 HENRY C. ..... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 12th 1907 to April 9th 1907

that I last saw him alive on April 7th 1907,

and that death occurred, on the date stated above, at 4 a.m. ..... M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 28 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. N. Norris M. D.

April 9th 1907 (Address) 1221 N. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	April 11th 1907
UNDERTAKER	ADDRESS
Geo. J. Smith Co	1000 W. Fayette St

✓

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 0039 Registered No. B 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Earl Bell

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infant Asylum

Duration of Residence in Baltimore. 1 month.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH: Nov — 1905

AGE: 1 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. A. City.

Filed 4/9 1907 S.2.68, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 6 1907

I HEREBY CERTIFY, That I attended deceased from Apr 1 1907 to Apr 6 1907 that I last saw him alive on Apr 6 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Ileo-colitis (bacillary dysentery)

(DURATION) 7 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline St

Date Apr. 7. 1907

Place of Burial New Cathedral

Date April 7 1907

Undertaker Martin Kehoe & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — C 0040 — Registered No. B

20 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Franklin Fritz

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asylum

Duration of Residence in Baltimore. 2 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: Dec. 17, 1905

AGE: 1 year, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Alleghany Co, Md

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/9/1907 — [illegible] — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 15 1907 to Apr 6th 1907, that I last saw h[illegible] alive on Apr 6 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis of Leg and Septicaemia

(DURATION) 6 DAYS

Contributory (Primary.) Dysentery (Bacillary) Sub-acute (DURATION) 20 DAYS

(Signed) C. H. Hayward, M.D.

Address 1230 N Carrollton Ave

Date Apr 7, 1907

Place of Burial New Cathedral

Date April 9th 1907

Undertaker Martin Raley & Sons

Address 636 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 0041

CERTIFICATE OF DEATH. C 0041

(Place of Death.) No. 145 N. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth C. Starke

{Residence, if in Baltimore, Give Street and Number.} 145 N. Lafayette ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1827 1

AGE 80 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Douglass Hooff

(Address) 1204 N. Caroline St.

Filed 4/9 1907 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Acute Endocarditis (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Dixon Bachman M.D.

Address 709 W. Lex. av. (Corner)

Date April 9th 1907

Place of Burial Norfolk Va

Date April 10th 1907

Undertaker J. C. W. Jenkins & Son Co

Address 236 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 0042

C 0042

CERTIFICATE OF DEATH.

271

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Irwin

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/9 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 8 1907

that I last saw h.. alive on April 8 1907

and that death occurred, on the date stated above, at 8 40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 8 1907

Place of Burial Cedar Hill

Date April 10th 1907

Undertaker J. D. Stuntebeck

Address 318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0043 Registered No. B C 0043

631

CERTIFICATE OF DEATH.

(Place of Death.) No. 145-3 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Grahm

{Residence, if in Baltimore, Give Street and Number.} 145-3 Patapsco

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 2 of September 1853

AGE 53 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Charles F. Grahm

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Don't no

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Grocery store.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hilda Grahm

(Address) 145 Patapsco St.

Filed 4/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to April 9 1907 that I last saw him alive on April 8 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Renal sclerosis

Duration months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1940 Eutaw St

Date April 9 1907

Place of Burial Western

Date April 11 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), **cause and date of death.**

Ward ..... C 0044 Registered No. B ..... C 0044

36 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Stewart

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 67 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 7 1907

that I last saw him alive on April 9 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tertiary Syphilis

Paralysis Cortico-

Sclerosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum.

Date April 9 1907

Place of Burial National Cem

Date April 10 1907

Undertaker John E Haughey

Address 1422 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 0045 Registered No. B C 0045

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 W. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B Nichols

{ Residence, if in Baltimore, Give Street and Number. } 810 W North ave C-0045

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 6th 182X
AGE	82 years, 11 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Georgia
FULL NAME OF FATHER	John Nichols
BIRTHPLACE OF FATHER (State or country)	Georgia
MAIDEN NAME OF MOTHER	Elizabeth Higgins
BIRTHPLACE OF MOTHER (State or country)	Georgia.
OCCUPATION OF DECEASED	Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson Nichols

(Address) 1500 W Lanvale

Filed 4/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to April 7 1907 that I last saw him alive on April 7 1907, and that death occurred, on the date stated above, at 11.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) DAYS

Contributory (Primary.) arteris Sclerosis

Heart & Kidneys (DURATION) DAYS

(Signed) W. T. A. Kemp M.D.

Address 8 W 25th

Date April 8 1907

Place of Burial Arnolds. a. a. Co.

Date April. 10. 1907

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person , and the *cause and date of death*.

Ward ..... C 0046 Registered No. B C 0046

CERTIFICATE OF DEATH. 19V

(Place of Death.) No. 1412 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Babette Siegel

{Residence, if in Baltimore, Give Street and Number.} 1412 Eutaw Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 15 1839

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Siegel

BIRTHPLACE OF FATHER (State or country) Sarah Siegel

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Goldsmith

(Address) 1412 Eutaw Place

Filed 4/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to April 8 1907 that I last saw her alive on April 8 1907, and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

..... (DURATION) ..... DAYS

Contributory (Primary.) Mitral Regurgitation (DURATION) 14 DAYS

(Signed) Harry Adler M.D.

Address 1804 Madison Ave.

Date April 8th 1907

Place of Burial Balto Hebrew

Date April 10th 1907

Undertaker Jacob Aurbach

Address 1714 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0047

City of Baltimore, (No. 23 S. Exeter St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beile Caplan

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: ——— (Month) ——— (Day) 1832 (Year)

AGE: 75 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Benjamin Silverman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Silverman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Caplan

(Address) 1137 E Baltimore st

Filed 4/10 1907

HARRY C. ANDRAWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 9 1907 that I last saw h[er] alive on Apr. 9 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Organic heart disease about 1 year (DURATION) DAYS

Contributory Senility (DURATION) DAYS

(Signed) M. Hirschman M. D.

Apr. 9 1907 (Address) 900 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Philip Rodeheffer Run | DATE OF BURIAL: April 10, 1907

UNDERTAKER: May Levinson | ADDRESS: 1620 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 C 0048 Registered No. B C 0048

41

CERTIFICATE OF DEATH.

(Place of Death.) No. #21 N. Wolfe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William Auld

{Residence, if in Baltimore, Give Street and Number.} #21 N. Wolfe St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 6th 1846

AGE 61 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER William Auld

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Button Hole Manf'g

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha A. Auld

(Address) 21 N. Wolfe St

Filed 4/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Baltimore April 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jany. 1st 1907 to April 8th 1907

that I last saw h[illegible] alive on Apl. 7th 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Intestines (DURATION) DAYS

Contributory (Primary.) Cardiac Failure (DURATION) 1 DAYS

(Signed) R. V. Kirk M.D.

Address 1610 E. Baltimore St

Date Baltimore Apl. 9th 1907

Place of Burial Louden Park

Date 4/11/07 1907

Undertaker J. Herring & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0049

City of Baltimore, (No. 335 S. Monroe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Flaeg

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 19 1906 (Month) (Day) (Year)
AGE	..... years, 14 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Louis Flaeg.
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Miller
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Knell

(Address) 917 Columbus Av

Filed 4/10 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 2 1907 to Apr 8 1907

that I last saw h.. ..s alive on Apr 8 1907,

and that death occurred, on the date stated above, at 9.10 P.M. The CAUSE OF DEATH was as follows:

Gastro Intestinal Dyspepsia

(DURATION) 14 DAYS

Contributory Cardiac Anthenia

(DURATION) ? DAYS

(Signed) Herwood Kahn M. D.

4/8 1907 (Address) 302 W Mt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	April 10th 1907
UNDERTAKER	ADDRESS
A Knell & Son	807 Columbus Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 0050 Registered No. B C 0050

CERTIFICATE OF DEATH.

179 V

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Theodore Jenkins

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Sept. 23 1906

AGE: — years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A W Glassman

(Address) 2005 Madison Ave.

Filed 4/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 190 7

I HEREBY CERTIFY, That I attended deceased from March 11 190 7 to Apr. 9 190 7

that I last saw h— alive on Apr. 8 190 7,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or immediate)

Marasmus

(DURATION) 6 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius M Glassman M.D.

Address 2005 Madison Ave.

Date April 9 190 7

Place of Burial Cathedral entry

Date 4 — 10 190 7

Undertaker Felix B Pye

Address 10 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0051 Registered No. B C 0051

CERTIFICATE OF DEATH. 19 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elenor Stevie

{ Residence, if in Baltimore, Give Street and Number. } 870 Fleming Lane Ward

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wd

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 4/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from Mch 31 1907 to Apr. 8 1907

that I last saw her alive on Apr. 8 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) DAYS

Contributory (Primary) Heart disease

Nephritis (DURATION) DAYS

(Signed) W. G. Dorsey M.D.

Address City Hospital

Date April 9 1907

Place of Burial Mt Auburn Cemetery

Date April 10th 1907

Undertaker Felix Boyce.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 0052 Registered No. B 186

CERTIFICATE OF DEATH.

(Place of Death.) No. 1201 N Gross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Messick

{Residence, if in Baltimore, Give Street and Number.} 1201 N. Gross st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 9 1873

AGE 34 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Messick

BIRTHPLACE OF FATHER (State or country) Balt Md.

MAIDEN NAME OF MOTHER Dorothea Brown

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED Saloonkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Messick

(Address) 1201 N Gross St

Filed 4/10 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 24 1907 to April 7 1907 that I last saw him alive on April 7 1907, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

about 3 months (DURATION) DAYS

Contributory (Primary.) General Oedema + Collapse (DURATION) DAYS

(Signed) Jos. E. Thos M.D.

Address 833 Columbia Ave

Date April 9 1907

Place of Burial Mt Olivet Cemetery

Date April 10th 1907

Undertaker Geo Lewinback & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0053 Registered No. B .....

166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Rumes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wasław Antas

{Residence, if in Baltimore, Give Street and Number.} 700 N. Collington Ave

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 30 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Frank Antas

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anne Sindelar

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Rerouthed

(Address) 700 Collington Ave

Filed 4/10 1907 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 7 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on 190 2,

and that death occurred, on the date stated above, at ..... a ..... M. CAUSE OF DEATH (Secondary or Immediate)

Body Mangled by Engine .

Contributory (Primary) Accidental (DURATION) DAYS

(DURATION) DAYS

(Signed) Joseph Camillus M.D.

Address Coroners Dept.

Date ..... 190 .....

Place of Burial Holy Redeemer

Date April 10 1907

Undertaker Frank Leach

Address 1904 Oldenquist

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27v

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0054

City of Baltimore, (No. 2207, Mc E Eldery St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J. Appel

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John C. Appel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Appel

(Address) 2207 McElderry St.

Filed 4/10 1907

HENRY C. ANDRESEN
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 8th. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 14. 1906 to April 8. 1907 that I last saw h~~im~~ alive on April 8. 1907, and that death occurred, on the date stated above, at 10 45 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis pulmonum
8 months (DURATION) ~~DAYS~~

Contributory Consumption
60 (DURATION) DAYS

(Signed) J. J. Febeld M. D.

April 8. 1907 (Address) 1001 Arlington Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: April 11 1907

UNDERTAKER: Leuthold | ADDRESS: 502 E. North Ave.

Ward ..... C 0055 Registered No. B .....

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2818 Penna. Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Peter McCartney

{ Residence, if in Baltimore, Give Street and Number. } 2818 Penna. Ave,

Duration of Residence in Baltimore. .....

C. 0055

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Unknown 1835

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Miles McCartney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P J McCartney

(Address) 2818 Penna ave

Filed 4/10 1907

HENRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to April 9 1907 that I last saw h.im alive on April 9 1907, and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) 3 months DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) Chas. H. Tubert. M.D.

Address 1100 W. Laf. Ave

Date April 10 1907

Place of Burial Cathedral

Date April 11th 1907

Undertaker Albert F. Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 706 E Eager St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. BC 0056

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Marie Castello

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Wht
DATE OF BIRTH	Dec 12th 1897 (Month) (Day) (Year)
AGE	9 years, 3 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James Castello
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Nellie Gordon
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Castello

(Address) 706 E Eager St

Filed 4/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 8th 1907 to April 9th 1907

that I last saw her alive on April 9th 1907

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Cerebral Spinal Meningitis

Contributory —— (DURATION) One DAY

(Signed) John Wade M. D.

April 9 1907 (Address) 621 E Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Apr 11th 1907
UNDERTAKER	ADDRESS
A F Philbin	1711 Madison

Ward ..... C 0057 Registered No. B C 0057

934

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo Stubbard

{ Residence, if in Baltimore, Give Street and Number. } 2308 Boston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 1 1902

AGE: 4 years, 7 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John M Stubbard

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maggie Connolley

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Maggie Stubbard

(Address) 2308 Boston St

Filed 4/10 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 9 1907

I HEREBY CERTIFY, That I attended deceased from April 8 1907 to April 9 1907

that I last saw him alive on April 9 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date April 9 1907

Place of Burial Holy Cross Cem.

Date April 11th 1907

Undertaker John A Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0058 Registered No. B ..... C 0058

166 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Tunnel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josef Kespor.

{ Residence, if in Baltimore, Give Street and Number. } 923 N Bradford St

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) .....

Filed 4/10 1907 HARRY C. ANDREWS, PERMIT CLERK; Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 7 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Body mangled by Empire 4094 N.C. Ry Co.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Joseph Carrollton M.D.

Address Coroners Office

Date Apr 7 — 1907

Place of Burial Holy Redeemer

Date Apr 10 1907

Undertaker W S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 0059 Registered No. B

CERTIFICATE OF DEATH.

112 ✓

(Place of Death.) No. 823 Chesapeake St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Connor

{Residence, if in Baltimore, Give Street and Number.} 823 Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: May 27 1857	
AGE: 49 years, 10 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Martin Connor	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Mary Slater	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Salesman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Connor

(Address) 823 Chesapeake St.

Filed 4/10/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1907 to April 8th 1907

that I last saw him alive on April 7 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of liver

(DURATION) — DAYS

Contributory (Primary.)

asthenia (DURATION) 14 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave.

Date April 9th 1907

Place of Burial Holy Cross Cemetery

Date April 11th 1907

Undertaker Germanus Franz

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, cause and date of death, and the condition** (whether married or single) of the person deceased, and the

Ward 17 C 0060 Registered No. B C 0060

50 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Baumis

{Residence, if in Baltimore, Give Street and Number.} 718 Argyle Ave

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 20th 1848

AGE: 59 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York State

FULL NAME OF FATHER: Conrad Baumis

BIRTHPLACE OF FATHER (State or country): New York State

MAIDEN NAME OF MOTHER: Elizabeth Sheats

BIRTHPLACE OF MOTHER (State or country): New York State

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel A Bain

(Address) 69 W Biddle

Filed 4/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9th 1907

I HEREBY CERTIFY, That I attended deceased from April 9th 1907 to April 9th 1907 that I last saw him alive on April 9th 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Haemorrhage

(DURATION) DAYS

Contributory (Primary.) Diabetes about 2 Years (DURATION) DAYS

(Signed) Samuel A Bain M.D.

Address 69 W Biddle

Date Dec. 9th 1907

Place of Burial Onesquethaw Albany Co N.Y.

Date Apr 10 1907

Undertaker Mrs Andrew Rohde Inc

Address 720 Park

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0061

City of Baltimore, (No. 3424 N. Bruce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Horton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 1 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Horton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sadie Deshields

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ~ ~ ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Horton

(Address) 3424 Bruce st

Filed 4/10 1907 HARRY O. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to April 7 1907 that I last saw her alive on April 7 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) ..... DAYS
Dont Know

Contributory ..... (DURATION) ..... DAYS

(Signed) A. T. Vonkluck MD M. D.

April 7 1907 (Address) 1635 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Int Auburn Cemtry	April 10 1907
UNDERTAKER	ADDRESS
Geo. H. Woolford	609 Dill Road

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 — C 0062 Registered No. B — C 0062

CERTIFICATE OF DEATH.

6 N V

Place of Death.) No. 83 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George M. McCormick

{ Residence, if in Baltimore, Give Street and Number. } 83 Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 15th 1857
AGE	49 years, 8 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James McCormick
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Rorke
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McCormick

(Address) 83 Chesapeake St.

Filed 4/10 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1906 to April 8 1907 that I last saw h[illegible] alive on April 8 1907 and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Locomotor ataxia (DURATION) 5 yr DAYS

Contributory (Primary.) Chronic Nephritis + Uremia (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Av.

Date April 9th 1907

Place of Burial Mt. Carmel Cem.

Date April 10 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-17.0 Caton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen *hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 0063

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93V

CERTIFICATE OF DEATH.

Registered No. B C 0063

City of Baltimore, (No. 3038, Boston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Sisbiski

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: October (Month) 3 (Day) 1905 (Year)	
AGE: ..... years, 18 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): 3038 Boston.	
FULL NAME OF FATHER: George A. Sisbiski	
BIRTHPLACE OF FATHER (State or country): Butte City	
MAIDEN NAME OF MOTHER: Minnie Zeffranski	
BIRTHPLACE OF MOTHER (State or country): Europe.	
OCCUPATION OF DECEASED: None.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A. Sisbiski

(Address) 3038 Boston St

Filed 4/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 8 1907 that I last saw h er alive on April 7 1907 and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo S Sellack M. D.

April 8 1907 (Address) 105 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Stanislaus.	April 11 1907
UNDERTAKER	ADDRESS
M. F. Sadowski.	703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 0064 Registered No. B C 0064

138 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital Lemuel St. (If Death occurr Hospital or Institu give its Name in of Street and Num

Full Name Mollie Jenzen

{ Residence, if in Baltimore, Give Street and Number. } 1004 S. Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Col.

DATE OF BIRTH Nov. 26 1888

AGE 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henry Taylor

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Georgie Moody.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Fannie Thomas

(Address 1004 S. Eutaw St.

Filed 4/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to April 8 1907

that I last saw her alive on April 8 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immedi

Delivered of Child on March 25-07- Developed Eclampsia Convuls March 25- Pulmonary Embolism March 26 (DURATION) Acute Cong- Pulmonary Contributory (Primary.) Streptococcus — (DURATION) 5 days

(Signed) W. A. Dorsey

Address City Hospital

Date April 8 1907

Place of Burial Mt. Auburn Cem.

Date April 11, 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Burial, a certificate setting forth, as far as the same (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 0065 Registered No. B C 0065

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 China Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emory Howard.

{Residence, if in Baltimore, Give Street and Number.} 813 China Street.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jerry Howard

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Catherine Howard

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Howard

(Address) 813 China Street

Filed 4/10 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 9 1907

that I last saw h— alive on April 9 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 9 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 9 DAYS

(Signed) D. H. Fowler M.D.

Address 1125 S. Thames St

Date April 10th 1907

Place of Burial National Cemetery

Date April 11. 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0066 Registered No. B C 0066

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Infant asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Joseph Springer,

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. asylum.

Duration of Residence in Baltimore. ~~Lifetime~~ Cath's asylum Mch 14, 1907

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W.

DATE OF BIRTH: Feb. 14th 1906.

AGE: 1 year, 1 month, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Hagerstown Md

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincent's Asy.

Filed 4/10 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 8th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 6th 1907 to Apr 8th 1907

that I last saw h.. alive on Apr 7th 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute ulcerative colitis or dysentery (bacillary)

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) C. H. Hayward, M.D.

Address 1230 N Caroline St.

Date Apr. 9, 1907

Place of Burial New Cathedral

Date April 11th 1907

Undertaker Martin Fahey's Sons

Address 610 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

18V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0067

City of Baltimore, (No. 812 Sterling St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Moore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: C

DATE OF BIRTH: July 11 (Month) (Day) 1907 (Year)

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Henry moore

BIRTHPLACE OF FATHER (State or country): Ric N. C.

MAIDEN NAME OF MOTHER: Williams Johnson

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Henry Moore

(Address) 812 Sterling St

Filed 4/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 1st 1907 to Apr. 9 1907

that I last saw h[illegible] alive on Apr 9 1907,

and that death occurred, on the date stated above, at 10 P M. The CAUSE OF DEATH was as follows:

Erysipelas

(DURATION) DAYS

Contributory: Cardiac Anemia

(DURATION) DAYS

(Signed) Dr. A. L. Levy M. D.

190 (Address) 723 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 11 1907

UNDERTAKER: R. A. Elliott — ADDRESS: 506 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 C 0068 Registered No. B 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name George H. Taylor

{ Residence, if in Baltimore, Give Street and Number. } 26 S Spring St

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John Wood

(Address) 26 S. Spring St

Filed 4/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 2 1907 to Apr. 9 1907 that I last saw him alive on Apr. 9 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Intestinal Obstruction Block-in Operation for relief (DURATION) DAYS

Contributory (Primary.) Tuberculosis (DURATION) DAYS

(Signed) W A. Dorsey M.D.

Address City Hospital

Date April 9 1907

Place of Burial Asbury Cemetery

Date April 13 1907

Undertaker R. F. & E. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0069 Registered No. B 120 V

C 0069

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Bridget M. Coad.

{Residence, if in Baltimore, Give Street and Number.} #121 Bolton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Near, 2d St 1870

AGE: 37 years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince Geo. Co, Md.

FULL NAME OF FATHER: Joseph Henry Blandford

BIRTHPLACE OF FATHER (State or country): Prince Geo's Co Md

MAIDEN NAME OF MOTHER: Anna Cecilia Mudd

BIRTHPLACE OF MOTHER (State or country): Prince Geo's Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. M. Coad

(Address) 121 Bolton St City

Filed 4/10 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 8 1907 that I last saw h-r alive on April 8 1907, and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(DURATION) — DAYS

(Signed) E W White M.D.

Address University Hospital Balto

Date April 8 1907

Place of Burial Brandywine Prince Georges Co, Md

Date April 11 1907

Undertaker F. A. Kranz & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C 0070 Registered No. B C 0070

10 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Stanton

{Residence, if in Baltimore, Give Street and Number.} 414 Sharp St.

Duration of Residence in Baltimore. 8yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Col.

DATE OF BIRTH 1857

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev T. Stanton

(Address) 414 S. Sharp St

Filed 4/10 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from Apr 5 1907 to Apr 10 1907

that I last saw her alive on Apr 10 1907

and that death occurred, on the date stated above, at 2 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Uremia

6 days.

Influenza

2 wks. (DURATION) ... DAYS

Contributory (Primary.) Nephritis

(DURATION) ... DAYS

(Signed) W. A. Dossey M.D.

Address City Hospital

Date April 10 1907

Place of Burial Oakland Garrett Co Md

Date April 11th 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0071

City of Baltimore, (No. 1053 N Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Spielman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 2 (Day) 1887 (Year)

AGE: ..... years, One months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Mandl. Spielman

BIRTHPLACE OF MOTHER (State or country): Cumberland Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Peterson Jr. D.

(Address) 1053 N Broadway

Filed 4/10 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 24 1907 to April 8 1907 that I last saw her alive on 8 April 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 12 DAYS

Contributory Cold

(DURATION) 14 DAYS

(Signed) E. E. Peterson M. D.

April 10 1907 (Address) 1053 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters

DATE OF BURIAL: 4-11 1907

UNDERTAKER: Robb. Brokerson

ADDRESS: 17 S. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0072 Registered No. B C 0072

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 1230 E. Eager St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Isenburg

{Residence, if in Baltimore, Give Street and Number.} 1230 E. Eager St

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 49 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Canada

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED house work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Gesberg

(Address) 238 N. Bond St

Filed 4/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 - 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 ....., and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date April 10 - 190 7

Place of Burial Baltimore Cemetery

Date April 11th 190 7

Undertaker Henry Stockstill

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... give...

SEX

DATE

AGE

SINGL... WI...

BIRTH (State...

FULL... OF FA...

BIRTH... OF FA... (State...

MAIDE... OF MO...

BIRTH... OF MO... (State...

OCCU... OF DE...

THE A... BEST...

(Infor...

Filed 4/...

Ward 4 C 0073 Registered No. B C 0073

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joel Clough

{ Residence, if in Baltimore, Give Street and Number. } Hamstead Carroll Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Poulson

(Address) 1422 Pennsylvania

Filed 4 16 07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to April 9 1907 that I last saw h[illegible] alive on April 9 1907, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) DAYS

Contributory (Primary.) Mitral Insufficiency

Nephritis & Arterio Sclerosis (DURATION) DAYS

(Signed) E W White M.D.

Address University Hospital

Date Baltimore April 10 1907

Place of Burial Hamstead Md.

Date April 10 1907

Undertaker John C Hough Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, a certificate setting forth, as far as the same can be ascertained, the undertaker, deceased, and the *cause and date of death, age, condition* (whether married or single) of the person

Ward 9 — C 0074 — Registered No. B 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cristoforo Perugia

{ Residence, if in Baltimore, Give Street and Number. } 403 S. Central Ave.

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hosp'l

(Address) —

Filed 4/11 190 7 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 6 190

I HEREBY CERTIFY, That I attended deceased from Apr 6 190 to Apr 6 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 7 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Shock from burns

(DURATION)

Contributory (Primary) T. B. Peritonitis

(DURATION)

(Signed) Benj. D. Hayden M.D.

Address 216 N. Caroline

Date Apr. 10 1907

Place of Burial Holy Rosary

Date Apr. 11" 1907

Undertaker Mudell Lippel & Co.

Address 230 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 0075

Ward D C 0075 Registered No. B 90 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno N. Bruno Bruno

{Residence, if in Baltimore, Give Street and Number.} 919 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Bruno

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bruno

(Address) 919 Eastern

Filed 4/11 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 10 1907

that I last saw h alive on April 10 1907

and that death occurred, on the date stated above, at P

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 3 DAYS

Con'ributory (Primary.) Convulsions

(DURATION) 2 hrs

(Signed) [illegible] M.D.

Address 6 E Baltimore

Date April 10 1907

Place of Burial New Cathedral Cem

Date April 11 1907

Undertaker Wendelbo Distler & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

C 0076 1904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 0076

Registered No. B.....

City of Baltimore, (No. 1202 York Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine L. Lacey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 19 (Day) 1896 (Year)

AGE: ..... years, 8 months, 22 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Lacey

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary E Cochran

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lacey

(Address) 1202 York Road

Filed 4/11 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1906 to Apl. 9th 1907

that I last saw her alive on Apl. 9th 1907,

and that death occurred, on the date stated above, at 8.40 P. M. The CAUSE OF DEATH was as follows:

Exhaustion Syncope

(DURATION) 3 DAYS

Contributory Exhaustion

(DURATION) 6 Months DAYS

(Signed) William [illegible] M. D.

Apl. 10th 1907 (Address) 2801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Mary Foramt

DATE OF BURIAL: April 10 1907

UNDERTAKER: E A Fridgall

ADDRESS: 211 3 Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0077 Registered No. B C 0077

1201

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W Thater
Thater

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 5-4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Salesman -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. S.

(Address) BAY VIEW ASYLUM.

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from April 8 1907 to April 10 1907 that I last saw h.. alive on April 10 1907 and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation
Chronic Diffused
Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary) Oedema of Lungs. (DURATION) ..... DAYS

(Signed) R R Konig M.D.

Address Bay View Asylum.

Date April 10 1907

Place of Burial Baltimore Cemt

Date April 11 1907

Undertaker Josiah Sylvester

Address 1600 W North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C 0078 Registered No. B C 0078

45 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Myrtle Cottage Atlantic ave St. near Harford Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F Spiess

{ Residence, if in Baltimore, Give Street and Number. } Myrtle Cottage Atlantic ave

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 13th 1856

AGE: 51 years, months, 27 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Switzerland

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): Switzerland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Switzerland

OCCUPATION OF DECEASED: Superintendent Mashonery

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Spiess

(Address) Myrtle Cottage Atlantic ave near Harford

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10th 1907

I HEREBY CERTIFY, That I attended deceased from March 10th 1907 to April 10th 1907

that I last saw h.m alive on April 9th 1907,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Kidney

about 2 Years (DURATION) DAYS

Contributory (Primary.) Prostration

about one month (DURATION) DAYS

(Signed) Chas L. Goddmbohn M.D.

Address 418 S. Paca St.

Date April 10th 1907

Place of Burial London Park Cemetery

Date April 13th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0079 Registered No. B C 0079

CERTIFICATE OF DEATH.

(Place of Death.) No 1935 W. Franklin St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marion McFarlane

{Residence, if in Baltimore, Give Street and Number.} 1935 W. Franklin

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 5th 1833

AGE 74 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) England

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks

(Address) 17 S. Calhoun st

Filed 4/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 9 1907 that I last saw her alive on April 7 1907, and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease 9 days

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw H. Gordon M.D.

Address 1403 W Fay ctt

Date April 11 1907

Place of Burial London Park Cem

Date April 11th 1907

Undertaker Robt. Brookes Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0080

City of Baltimore, (No. 2124 Division St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Spence M. Conway

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Oct. 7 1906 (Month) (Day) (Year)
AGE	1 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Robert Conway
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Lizzie Alton
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mana Conway

(Address) 2127 Division St

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to March 11 1907 that I last saw h-im alive on March 9 1907, and that death occurred, on the date stated above, at 3 a.m. The CAUSE OF DEATH was as follows:

Marasmus (DURATION) 1 mon DAYS

Contributory Exhaustion (DURATION) 7 DAYS

(Signed) P Bluelson Jr M. D.

4/11 1907 (Address) 821 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
W. M. Auburn	April 8th 1907
UNDERTAKER	ADDRESS
Hamilton & Wright	364 N. Carey

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 C 0081 Registered No. B C 0081

CERTIFICATE OF DEATH.

6V

(Place of Death.) No. 1936 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Granville Jones

{Residence, if in Baltimore, Give Street and Number.} 1936 E Lombard st

Duration of Residence in Baltimore. 2½ Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 5th 1903

AGE: 3 years, 4 months, 5 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James A Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie E Reeves

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Jones

(Address) 1936 E Lombard st

Filed 4/11 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from March 21st 1907 to April 11th 1907

that I last saw him alive on April 11 1907

and that death occurred, on the date stated above, at 4.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Measles

(DURATION) DAYS

(Signed) Raymond Rommel M.D.

Address 1833 E. Baltimore St

Date April 11th 1907

Place of Burial Dealers Island Md

Date April 12th 1907

Undertaker H. Allen Tucker

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... U... giv...

SEX

DATE

AGE

SINGL... WIDO...

BIRTH (State...

FULL... OF F...

BIRTH... OF F... (State...

MAIDE... OF M...

BIRTH... OF M... (State...

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THE A... BEST...

(Inform...

Filed 4/...

Ward 14 C 0082 Registered No. B C 0082

120 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Madison avenue St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sarah Baum

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Isaac Rosenbaum

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Regina Adler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Baum

(Address) Uniontown Pa

Filed 4/11 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to Apl 10 1907 that I last saw her alive on Apl 10 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

Interstitial (DURATION) DAYS

Con'tributory (Primary.) Chronic Nephritis

Sclerosis (DURATION) DAYS

(Signed) Joseph Blum M.D.

Address 1816 McElmore ave

Date April 11th 1907 ✓

Place of Burial Uniontown Pa

Date April 11th 1907

Undertaker Dan'l Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 0083 Registered No. B C 0083

1124

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Jackson St. (Homestead) St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John. P. Wagner

{Residence, if in Baltimore, Give Street and Number.} 10 Jackson St. (Homestead)

Duration of Residence in Baltimore. about 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wagner Jr.

(Address) 931 N. Castle St.

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10, 1907

I HEREBY CERTIFY, That I attended deceased from March 24, 1907 to April 10, 1907

that I last saw him alive on April 8, 1907

and that death occurred, on the date stated above, at 4 46 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hepatic Cirrhosis & Gastritis

about six weeks (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. R. Elwell, M.D.

Address 1241 Harford ave

Date April 10, 1907

Place of Burial Holy Redeemer Cemetery

Date April 12 1907

Undertaker Henry Hock & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 C 0084 Registered No. B C 0084

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1411 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Jackson Cromwell

{Residence, if in Baltimore, Give Street and Number.} 1411 Hollins St

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 26th 1831

AGE: 75 years, 10 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): A. A. Co. Md

FULL NAME OF FATHER: Alvin Cromwell

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md

MAIDEN NAME OF MOTHER: Eden Warfield

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

OCCUPATION OF DECEASED: Ex Supt Motive Power B & O R.R. ✕

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. G. Cromwell

(Address) 1411 Hollins St

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to April 9th 1907 that I last saw him alive on April 9th 1907, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 9 DAYS

Contributory (Primary.) Nothing Serious

(DURATION) DAYS

(Signed) John Neff M.D.

Address 701 N. Fayette Ave

Date April 9th 1907

Place of Burial Loudon Park Cemetery.

Date April 12th 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

✕ Ex. Supt Motive Power B & O R.R.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0085 Registered No. B C 0085

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 N. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dixon Gough M.D.

{Residence, if in Baltimore, Give Street and Number.} 1015 N. Mulberry St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Dec. 30th 1818
AGE	88 years, 3 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Peter Gough
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Ann Dixon
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. G. Edelen

(Address) 1200 N. Calvert St.

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1907

I HEREBY CERTIFY, That I attended deceased from March 15th 1907 to April 8 1907 that I last saw him alive on April 8th 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paresis of Arteriosclerotic

Valve Left side of heart

(DURATION) 30 DAYS

Con'tributory (Primary) old age

(DURATION) 30 DAYS

(Signed) G. L. Richardson M.D.

Address 1616 Edmondson Ave

Date April 9th 1907

Place of Burial Green Mount Cemetery

Date April 11 = 1907

Undertaker E. W. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 — C 0086 — Registered No. B C 0086

179 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 Bethel place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Herman

{Residence, if in Baltimore, Give Street and Number.} 1608 Bethel place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 28 1878

AGE: 28 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. Herman

(Address) 1608 Bethel Place.

Filed 4/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 2 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on — 190

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Scudder M.D.

Address 320 N Broadway

Date 190

Place of Burial Baltimore Cemetery

Date April 11 1907

Undertaker H. Saudr Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0087 Registered No. B ..... C 0087

936

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Emory.

{ Residence, if in Baltimore, Give Street and Number. } 1013 E. Lombard St

Duration of Residence in Baltimore. 49

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar Emory

(Address) 1013 E. Lombard St

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1907 to Apr 4 1907 that I last saw h im alive on Apr. 4, 1907, and that death occurred, on the date stated above, at 3-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia.

(DURATION) 5 DAYS

Con tributory (Primary.) Cardiac Failure.

(DURATION) 1 DAYS

(Signed) E. C. Hemsley M.D.

Address Md. Gen. Hosp.

Date Apr 5 1907

Place of Burial ~~Mt. Olivet~~ Greenmount

Date Apr. 12" 1907

Undertaker Wendell Tippett & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

125 V

CERTIFICATE OF DEATH.

Registered No. B C 0088

City of Baltimore, (No. 618 Gilbert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cora Thomas Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	colored
DATE OF BIRTH	March 31 1886 (Month) (Day) (Year)
AGE	21 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Joseph Thomas
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mariah Johnson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Smith

(Address) 618 Gilbert Street

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 5 1907 to April 9 1907 that I last saw her alive on April 9 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Puerperal Hemorrhage

(DURATION) 2 hrs DAYS

Contributory Labor

(DURATION) 12 hrs DAYS

(Signed) John F. Mangen M. D.

190 (Address) 1002 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	April 11. 1907
UNDERTAKER	ADDRESS
Alford & Truland	1012 Johnson St

C 0089

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

6V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0089

City of Baltimore, (No. 1115 Mc Elderry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julius H Pohlman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January (Month) 13 (Day) 1906 (Year)

AGE: 1 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: David Pohlman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Goldman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Pohlman

(Address) 1115 Mc Elderry St

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to April 10 1907 that I last saw him alive on April 10 1907, and that death occurred, on the date stated above, at 4.50 P.M. The CAUSE OF DEATH was as follows:

Double Pneumonia (DURATION) 4 DAYS

Contributory Measles (DURATION) 8 DAYS

(Signed) H Bon Bonney M. D.

April 10 1907 (Address) 834 Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Phila Rd Cemetery

DATE OF BURIAL: April 11 1907

UNDERTAKER: Mary Emmanuel

ADDRESS: 1220 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — C 0090 — Registered No. B C 0090

1424

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 Orleans St — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Zelda Schwartzman

{ Residence, if in Baltimore, Give Street and Number. } 1125 Orleans St.

Duration of Residence in Baltimore. 19 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR Wh

DATE OF BIRTH about 1837 1

AGE about 70 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Morris Wurstritz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Leia Clayman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Esther Schwartzman

(Address) 123 N. Broadway

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11, 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 24 1907 to Mar. 31, 1907.

that I last saw h er alive on April 7, 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Auto-intoxication

(DURATION) 10 DAYS

Contributory (Primary.) Senile Gangrene

(DURATION) 18 DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date April 11, 1907

Place of Burial Hebrew Cem Pulaski Hy & Belair Rd

Date April 14, 1907

Undertaker M Lapidus Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0091

Ward 14 — Registered No. B 64 — C 0091

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 S Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua McBarton

{Residence, if in Baltimore, Give Street and Number.} 113 S Stricker

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Feb 25th 1837

AGE 70 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joshua Barton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary A Knight

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J. Browning

(Address) 113 S Stricker St

Filed 4/11 1907 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9-8 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 9 1907 that I last saw him alive on April 9 1907 and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 7 DAYS

Con'ributory (Primary.) Apoplexy

(DURATION) DAYS

(Signed) Theron Brooks M.D.

Address 914 N Charles St

Date April 10 1907

Place of Burial Baltimore Cem

Date April 11 1907

Undertaker Jos R Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV

C 0092 Registered No. B C 0092

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2021 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Sieber

{Residence, if in Baltimore, Give Street and Number.} 2021 Eastern Ave

Duration of Residence in Baltimore. 60 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1825

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. Kimmerly

(Address) 2021 Eastern Ave

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to April 9 1907

that I last saw h[illegible] alive on April 9 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Debility

due to old age

... (DURATION) ... DAYS

Con'tributory (Primary.)

... (DURATION) ... DAYS

(Signed) John Roth M.D.

Address 2007 Eastern ave

Date April 10 1907

Place of Burial Mount Carmel

Date April 12 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0093 Registered No. B C 0093

CERTIFICATE OF DEATH.

45 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name John Schaefer

{Residence, if in Baltimore, Give Street and Number.} 629 S Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: April 11 1848

AGE: 58 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: August Schaefer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Gross

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Priscilla Schaefer

(Address) 629 S Paca st

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to April 9 1907

that I last saw him alive on April 9 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate

Carcinoma of Pancreas

(DURATION) DAYS

Contributory (Primary) General Asthenia

Pulmonary Edema (DURATION) DAYS

(Signed) W A Dorsey M.D

Address City Hospital

Date April 9 1907

Place of Burial London Park

Date Apr 12 1907

Undertaker Wm J Dickenerstons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th

C 0094 Registered No. B 78

CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 Byrd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Manley

{Residence, if in Baltimore, Give Street and Number.} 1508 Byrd St.

Duration of Residence in Baltimore. 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe | COLOR: White

DATE OF BIRTH: may 27 1845

AGE: 61 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Schuman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

No Inquest necessary. Died in Britannia

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm J Ticknor Undertaker

(Address) Camden and Paca Sts

Filed 4/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH apr 9 1907

I HEREBY CERTIFY, That I attended deceased from apr 9 1907 to apr 9 1907

that I last saw h— alive on apr 9 1907

and that death occurred, on the date stated above, at 1240 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis

(DURATION) 9 m DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G Mitchell M.D.

Address 913 N. Broadway

Date April 9 1907

Place of Burial Episcopal Bem. Elkridge Md

Date April 11 1907

Undertaker W. J. Ticknor & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 0095

Registered No. B C 0095

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 Ramsay St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthew A Platt

{Residence, if in Baltimore, Give Street and Number.} 1503 Ramsay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 7 1865

AGE 42 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Alexander Platt

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ursula Buzzard

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Platt

(Address) 703 W. Lanvale St

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907

I HEREBY CERTIFY, That I attended deceased from April 9th 1907 to April 9 1907

that I last saw h alive on April 9 1907

and that death occurred, on the date stated above, at 6.40 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy,

followed by Coma

(DURATION) DAYS

Con'ributory (Primary.) Do do.

(DURATION) DAYS

(Signed) J. Harry Williams M.D.

Address #11 N. Carey St.

Date April 10 1907

Place of Burial Loudon Park

Date April 12 1907

Undertaker Wm. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Dr Williams

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 0096 Registered No. B C 0096

CERTIFICATE OF DEATH.

1 20 V

(Place of Death.) No. 649 W. Lee St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth Wise

{ Residence, if in Baltimore, Give Street and Number. } 649 W. Lee St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 27, 1835

AGE: 72 years, ~~11~~ months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Lance

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gumpert

(Address) 649 W Lee St

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from Feby 13 1907 to April 10 1907 that I last saw her alive on March 21 1907, and that death occurred, on the date stated above, at 11 15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

unknown (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date April 10 1907

Place of Burial Western Cem.

Date Apr 12 1907

Undertaker Wm. J. Dickenson

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0097

City of Baltimore, (No. 718, E. Fort Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie Manning

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. (Month) 14 (Day) 1892 (Year)

AGE: 14 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Manning

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rosie Fitzpatrick

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Manning

(Address) 718 E. Fort Ave

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1905 to April 13 1907

that I last saw her alive on Mar 21 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

Duration 1 yr 2 mos

Contributory Cachexia

Duration 6 mos days

(Signed) Jennie R. Brown M. D.

April 10 1907 (Address) 1310 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: April 13 1907

UNDERTAKER: Jos. Stumbaugh

ADDRESS: 1318 Light

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 0098 Registered No. B C 0098

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 120 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Burton

{Residence, if in Baltimore, Give Street and Number.} 120 S. Bethel st.

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1882

AGE 25 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Joseph Burton

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Wilson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Burton

(Address) 120 S. Bethel

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1907

I HEREBY CERTIFY, That I attended deceased from April 6th 1907 to April 8th 1907 that I last saw her alive on ... 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Phthisis Pulmonalis 6 Mths (DURATION) DAYS

(Signed) J. L. Wilson M.D.

Address 1735 Bank

Date April 8th 1907

Place of Burial Asbury ✓

Date April 11th 1907

Undertaker Wm. H. Jackson

Address 1421 Mitchell Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0099 Registered No. B C 0099

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert H. Wallace

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 61 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Canada	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): U	
MAIDEN NAME OF MOTHER: U	
BIRTHPLACE OF MOTHER (State or country): U	
OCCUPATION OF DECEASED: Stock keeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jesse Wallace

(Address)

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from March 26th 1907 to April 11th 1907 that I last saw h.. alive on April 11th 1907, and that death occurred, on the date stated above, at 2.10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) Pyelonephritis

(DURATION) DAYS

(Signed) T. E. Riggs M.D.

Address 1514 Druid Pk

Date April 11th 1907

Place of Burial Chatham Ontario Canada

Date April 12th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0100

Registered No. B .....

City of Baltimore, (No. 803, Bradley St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel Benson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Nov ..... (Month) ..... (Day) 1885 (Year)

AGE: 21 ~~22~~ years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Benson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Wallace

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Brown

(Address) 803 Bradley St

Filed 4/11 1907

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 9th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 14th 1907 to April 9th 1907 that I last saw him alive on April 8th 1907, and that death occurred, on the date stated above, at 5.00 A. M. The CAUSE OF DEATH was as follows:

Acute Pneumonic Phthisis

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Geo. M. Lauenstein M. D.

April 10th 1907 (Address) 635 Madison St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Apr 11th 1907
UNDERTAKER	ADDRESS
Felix B. Pyz	102 E. Mulberry

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C 0101 Registered No. B ..... C 0.01

CERTIFICATE OF DEATH.

167 v

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John F Buckingham

{ Residence, if in Baltimore, Give Street and Number. } 725 Patterson

Duration of Residence in Baltimore. 13 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: June 11 1873

AGE: 33 years, 10 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: J. H. Buckingham

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Sarah E. Gillman

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant J. H. Buckingham

(Address 725 Patterson ave.

Filed 4/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 10 1907.

I HEREBY CERTIFY, That I attended deceased from Mar 1907 to Apr 1907 that I last saw h alive on 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Burns

(Supt. Pneumonia)

(DURATION) 114 DAYS

Con'ributory (Primary.) Accidentally fell in vat of Lye (DURATION) DAYS

(Signed) Bm. F. Bolton Jr Coroner M.D.

Address 216 N. Carrollton Av.

Date Apr. 11 1907.

Place of Burial Westminster Md

Date Apl 13 1907

Undertaker A. J. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 0102 Registered No. B C 0102

15 1 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Jefferson St. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Elizabeth Bantam

{Residence, if in Baltimore, Give Street and Number.} 1617 Jefferson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem COLOR Col.

DATE OF BIRTH April 10 1907

AGE 4 years, 5 months, 1/2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Frank Bantam

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Thomas

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Frank Banton

(Address) 1617 Jefferson St

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to ..... 190.....

that I last saw her alive on April 10 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

(DURATION) 1 DAY

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date April 11th 07. 190

Place of Burial Laurel

Date April 11 1907

Undertaker R A Elliott

Address 506 Roper Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C 0103 Registered No. B C 0103

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823. Lemon Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. G. Arndt

{Residence, if in Baltimore, Give Street and Number.} 1823. Lemmon Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 59 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Gottlieb Arndt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wagner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Arndt

(Address) 1823 Lemmon Ct

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907

I HEREBY CERTIFY, That I attended deceased from as Boarder 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 24 DAYS

(Signed) C. Franc Jones M.D.

Coroner 8th

Address

Date April 10th 1907

Place of Burial Loudon Park Cem

Date April 12 1907

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0104

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

936

CERTIFICATE OF DEATH.

Registered No. BC 0104

City of Baltimore, (No. 2724 N Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jeanette Katharine Donahue.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 10 (Day) 1907 (Year)

AGE: Baby lived 16 hours. years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Peter A Donahue

BIRTHPLACE OF FATHER (State or country): New York city

MAIDEN NAME OF MOTHER: Jennie J. Brazer.

BIRTHPLACE OF MOTHER (State or country): Detroit Mich

OCCUPATION OF DECEASED: Baby —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter A Donahue

(Address) 1223 Vermont Ave Washington D C

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 11 1907 that I last saw h[er] alive on April 10 1907, and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia, Chest full of mucus: Had Convulsions. Which were my first acquaintance with Death (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. F. Barnard. M. D.

April 11 1907 (Address) 2112 N Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: April 11 1907

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward ..... C 0105 Registered No. B C 0105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1239 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Prudence Ann Golder

{Residence, if in Baltimore, Give Street and Number.} 1239 Myrtle ave

Duration of Residence in Baltimore. about 76 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 11 15 1818

AGE 88 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Westminster Md.

FULL NAME OF FATHER John Logsdon

BIRTHPLACE OF FATHER (State or country) Westminster Md.

MAIDEN NAME OF MOTHER Mary Holmes

BIRTHPLACE OF MOTHER (State or country) not known

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Golder

(Address) 1239 Myrtle ave

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to April 9 1907 that I last saw her alive on April 9 1907, and that death occurred, on the date stated above, at 6 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Mitral Regurgitation

(DURATION) 3 Months

(Signed) John S. Huell M.D.

Address 647 W Lafayette ave

Date April 10 1907

Place of Burial New Cathedral Cemetery

Date April 12th 1907

Undertaker Stewart & Bowen Co.

Address 215-217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

John F. Buck Lafayette ave near Pine

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0106 Registered No. B C 0106

664

CERTIFICATE OF DEATH.

(Place of Death.) No. 2104 Cromwell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara H McDonald

{Residence, if in Baltimore, Give Street and Number.} 2104 Cromwell St

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 43 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Co. Md.

FULL NAME OF FATHER John Pilsch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Wolf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Kohn Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter M. McDonald

(Address) 2104 Cromwell St

Filed 4/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH apl. 10. 1907

I HEREBY CERTIFY, That I attended deceased from Feby 14 1907 to apl 10 1907

that I last saw h[illegible] alive on apl 10 1907,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia -

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. V. Carswell M.D.

Address 2 W 25th St

Date apl 10 1907 1907

Place of Burial Greenmount

Date April 12 1907

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0107 Registered No. B C 0107

160 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Eugene Megenhoffer.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 33 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Columbia S. C.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM

Filed 4/11 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10th 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 10 1907 that I last saw h.. alive on April 10 1907 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

* Laceration of Throat severing the Common Carotid artery.

Exhaustion (DURATION) DAYS

Contributory (Primary.) Cocain Habit. (DURATION) DAYS

(Signed) David A. Thompson Coroner A.D.

Address 1500 Highland Ave Balto Co

Date April 10th 1907

Place of Burial Sacred Heart

Date Apl 11 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

* Suicide by cutting throat with razor

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VV

C 0108

Registered No. B C 0108

CERTIFICATE OF DEATH.

VV

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Morris.

{Residence, if in Baltimore, Give Street and Number.} 17 E. Lee St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: 1836

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Peter Morris

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/10 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to 4/10/ 1907

that I last saw h in alive on 4/10/ 1907

and that death occurred, on the date stated above, at 9.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Vegetative endocarditis DURATION DAYS

Pulmonary phthisis. Tubercular

Contributory (Primary)

Bronchio Pneumonia Chronic

diffuse cirrhosis. DURATION DAYS

(Signed) R R Nolan M.D.

Address Bay View Asylum

Date 4/11 1907

Place of Burial St. Peter's Cem

Date April 11. 1907

Undertaker M. Doyle & Son

Address 17 E. Lee. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 0109 Registered No. B C 0109

CERTIFICATE OF DEATH.

11 V

(Place of Death.) No. 250 Loudon ave Irvington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Lanahan

{ Residence, if in Baltimore, Give Street and Number. } 250 Loudon ave. Irvington.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: May 8th 1844

AGE: 62 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dennis Lanahan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Connell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dennis Lanahan

(Address) 772 W. Hamburg st

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to April 9 1907 that I last saw h.im alive on April 8 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) 4 months DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas. H. Bubert M.D.

Address 1100 W. Laf. Ave

Date April 11th 1907

Place of Burial Bonnie Brae Cemetery

Date April 12 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 0110 Registered No. B C 0110

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 N. Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winifred Hunt

{ Residence, if in Baltimore, Give Street and Number. } 118 N. Grove St.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: unknown 1849

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: — Eagan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Gunning

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Hunt

(Address) 1411 N Fulton Ave

Filed 4/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jany. 15 1907 to April 10 1907 that I last saw her alive on April 10 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Con'tributory (Primary) Asthenia (DURATION) 4 Mos. DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Carey St.

Date April 11th 1907

Place of Burial St Peters

Date April 13th 1907

Undertaker M. Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 0111 Registered No. B C 0111

CERTIFICATE OF DEATH.

(Place of Death.) No. 528 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lester Lin

{Residence, if in Baltimore, Give Street and Number.} 528 N Bruce st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	Colrd

DATE OF BIRTH: Feb. 4 th 1907

AGE: — years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George Lin

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Christiana Chan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christiana Lin

(Address) 528 N Bruce st

Filed 4/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl. 10 th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Balcomin M.D.

Address 700 Lafayette Av. (Corner)

Date April 11 th 1907

Place of Burial Mt Auburn cemetery

Date Apr 12 1907

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 0112

Ward 7 C 0112 Registered No. B

CERTIFICATE OF DEATH.

9D V

(Place of Death.) No. 650 Wayne Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Croyton

{Residence, if in Baltimore, Give Street and Number.} 650 Wayne Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert S. Wroten

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Katie Wroten

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Wroten

(Address) 650 Wayne Ave

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to April 10 1907

that I last saw h-- alive on April 10 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

Pneumonia (DURATION) 8 DAYS

Contributory (Primary.) None (DURATION) DAYS

(Signed) C. Heyser M.D.

Address 1725 Druid Hill Ave

Date April 10 1907

Place of Burial Mt. Auburn Cem

Date April 12, 1907

Undertaker John H. Todrin

Address 1142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0113

City of Baltimore, (No. 324 2 8 1/2 W West St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John McCarron

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 7 1827 (Month) (Day) (Year)

AGE: 6 9 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick McCarron

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Tilpin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosalie Carron

(Address) 324 W 28 1/2 St

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 11th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 21st 1907 to April 11th 1907 that I last saw h[illegible] alive on April 5th 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

(Said information only obtained)
(Cause) Heart - clot -
Pneumonia
(DURATION) DAYS

Contributory Was Known to have Heart - trouble (DURATION) Years DAYS

(Signed) R D Vincent M. D.

April 12 1907 (Address) 324 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: April 13 1907

UNDERTAKER: John J Curran — ADDRESS: 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C 0114 Registered No. B C 0114

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1606 W Edmondson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name C Hall, Windsor

{Residence, if in Baltimore, Give Street and Number.} 1606 Edmondson

Duration of Residence in Baltimore... 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 12th 1843

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Norfolk Va

FULL NAME OF FATHER C.F. Windsor

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 W. Mulberry St

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to April 11 1907 that I last saw him alive on April 10 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) J. C. Mabee M.D.

Address 638 N Gilmor

Date April 11 1907

Place of Burial London Park

Date April 13 1907

Undertaker M Cadogan

Address 696 W. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 0115 Registered No. B C 0115

15 3 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 S Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Olszewski

{ Residence, if in Baltimore, Give Street and Number. } 711 S Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE ..... years, 2 — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wladislaus Olszewski.

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary Blaskowisz.

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaus Olszewski

(Address) 711 S. Dallas St

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1907

I HEREBY CERTIFY, That I attended deceased from — to — 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) Thomas Sudlow Comm M.D.

Address 700 Linwood St

Date April 11 " 1907

Place of Burial H Hemiland

Date Friday Apr 12 " 1907

Undertaker M F Dulowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

34V

CERTIFICATE OF DEATH.

Registered No. C 0116

City of Baltimore, (No. Balto. City Jail St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles A. Olson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maine

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 12 S. Calhoun

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to Apr 11 1907

that I last saw him alive on Apr 11 1907,

and that death occurred, on the date stated above, at 1.20 P. M. The CAUSE OF DEATH was as follows:

General Tuberculosis

Pulmonic Consumption

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Jno. V. Hopkins M. D.

4-11 1907 (Address) 1216 N. Carolina Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 6 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Newyork city	4-12 1907
UNDERTAKER	ADDRESS
Robt Brookes	12 Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 0117 Registered No. B C 0117

CERTIFICATE OF DEATH.

926

(Place of Death.) No. 1112 Warner St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E Johnson 6

{Residence, if in Baltimore, Give Street and Number.} 1112 Warner St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 6. 1906

AGE: 1 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Walter Johnson 6

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Sampson 6

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson 6 mother

(Address) 1112 Warner St

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate

Bronchio-pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Gus Leinhardt, M.D.

Address Coroner

Date April 12 1907

Place of Burial Mt Auburn Cem

Date April 12 1907

Undertaker John H. Toadvine

Address 1426 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C 0118 — Registered No. B C 0118

19V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Reick

{Residence, if in Baltimore, Give Street and Number.} 723 W Lexington St

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1846

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/11 1907

I HEREBY CERTIFY, That I attended deceased from 4/3 1907 to 4/11 1907

that I last saw her alive on 4/11 1907

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis. Acute dilitation + cardiac

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date 4/11 1907

Place of Burial Cedar Hill Cemetery

Date April 14 1907

Undertaker Wm Routson

Address 231 N Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 0119

50 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0119

City of Baltimore, (No. Hebrew Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Offerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: May (Month) 22 (Day) 1867 (Year)

AGE: 39 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Augustus Winkle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Weissner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louis a Rumbardt

(Address) 1705 W Fayette St.

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1906 to April 10 1907 that I last saw her alive on April 9 1907, and that death occurred, on the date stated above, at 9 a M. The CAUSE OF DEATH was as follows:

acute Nephritis following operation on ankle Fornix for removal of Sinus & Necrosed bone. (DURATION) 5 DAYS

Contributory Diabetes Mellitus (DURATION) ..... DAYS

(Signed) A Samuels M. D.

April 10 1907 (Address) 2003 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 605 W Lexington St. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: April 13 1907

UNDERTAKER: W M Routzon

ADDRESS: 230 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

V

Extract

nd correct record of Vital Statistics in the City of Baltimore.

ever any person shall die in the said city it shall be the duty of Coroner, when the case comes under his notice, to furnish within rintending the burial, a certificate setting forth, as far as the same r single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 0120

OFFICE OF REGISTRAR OF VITAL STATISTICS. 105 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0120

City of Baltimore, (No. 3406 Cedar Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmund Allen Bull

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 4 1906 (Month) (Day) (Year)

AGE: 0 years, 6 months, 7 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edmund E Bull

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nellie E Gemmill

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie E Bull

(Address) 3406 Cedar Ave

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 5 1907 to April 11 1907

that I last saw him alive on April 10 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Eclampsia

(DURATION) 2 DAYS

Contributory Albuminuria

(DURATION) 7 DAYS

(Signed) Alex Norment M. D.

April 11 1907 (Address) 1247 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Parkton Md | DATE OF BURIAL: April 13 1907

UNDERTAKER: H. Marshall | ADDRESS: 2359 Pall Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Coroner, when the case comes under his notice, to furnish within ...rintending the burial, a certificate setting forth, as far as the same ...single) of the person deceased, and the cause and date of death.

C 0121

qvv

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0121

City of Baltimore, (No. 2847 Remington Ave St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theresa Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: May (Month) 1 (Day) 1906 (Year)

AGE: 0 years, 11 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Infant

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Robt. Green

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Annie Butler

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Butler

(Address) 2847 Remington Ave

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to April 10th 1907 that I last saw her alive on April 10 1907, and that death occurred, on the date stated above, at 12.35 A.M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 3 DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) F B Marden M. D.

April 11 1907 (Address) 2910 Huntingdon

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: April 13 1907

UNDERTAKER: J. S. Marshall

ADDRESS: 3539 Fallsroad

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0122

City of Baltimore, (No. 127 W. Conway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James S. Cottingham

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Oct. (Month) 5 (Day) 1856 (Year)
AGE	50 years, 6 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Thomas Cottingham
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Crouch.
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Cigar Maker + dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Seyfer (sister)

(Address) 127 W. Conway St.

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 8 1907 to April 10 1907 that I last saw h im alive on April 10 1907, and that death occurred, on the date stated above, at 11.45 A. M. The CAUSE OF DEATH was as follows:

Broken heart, Pulmonary Edema

(DURATION) 3 DAYS

Contributory Chronic Interstitial Nephritis + Alcoholism (DURATION) Not definite DAYS

(Signed) Lewis Brown M. D.

April 11 1907 (Address) 400 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Apl 12 1907
UNDERTAKER	ADDRESS
Robt J Turner	Bway + Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C 0123 Registered No. B C 0123.

44 v

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Harriet A. Young.

{Residence, if in Baltimore, Give Street and Number.} 803 N. Wolfe St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Mar 31 1837

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow.

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Chas Young

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Harriet Phelps.

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M Young

(Address) 803 N. Wolfe.

Filed 4/12 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1906 to April 10 1907

that I last saw h[illegible] alive on April 10 1907.

and that death occurred, on the date stated above, at 4 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 12 hrs DAYS

Contributory (Primary.) Epithelioma of Breast (DURATION) 9 DAYS

(Signed) Robt. C. Bay M.D.

Address University Hospital

Date April 10 1907

Place of Burial Dale Cemetery

Date April 12 1907

Undertaker Robt T Inscoe

Address 1131 Broadway Oliver St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 W

C 0124 Registered No. B C 0124

1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tony Ulchinsky

{ Residence, if in Baltimore, Give Street and Number. } 613 S Green St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 4 1887

AGE 19 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Anton C. Ulchinsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Margaret J. Craven

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Rooffer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Ulchinsky

(Address) 11 S. Green st.

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1907

I HEREBY CERTIFY, That I attended deceased from April 8 1907 to April 11 1907 that I last saw h m alive on April 11 1907, and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) DAYS

Contributory (Primary) Typhoid Fever (DURATION) DAYS

(Signed) E W White M.D.

Address University Hospital

Date Balto April 11 1907

Place of Burial St Peters

Date April 14 1907

Undertaker F A Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C 0125 Registered No. B C 0125

CERTIFICATE OF DEATH.

44 V

(Place of Death.) No. 915 N Parrish alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie Banks

{Residence, if in Baltimore, Give Street and Number.} 915 Parrish alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Banks

(Address) 915 N Parrish al.

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the nose & face, & Exhaustion

Unknown (DURATION) ... DAYS

Contributory (Primary) . .

(DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. W. (Colored)

Date April 11th 1907

Place of Burial Mt Olivet

Date APR 13 1907 190 ...

Undertaker R. L Parhaman O

Address 1213 Pansh

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0126

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

164 V

CERTIFICATE OF DEATH.

Registered No. B C 0126

City of Baltimore, (No. 690 Columbia Ave St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A. Smith.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH March 20th 1831
(Month) (Day) (Year)

AGE 76 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Calvert Co. Md.

FULL NAME OF FATHER Samuel Thomas

BIRTHPLACE OF FATHER (State or country) Calvert Co. Md.

MAIDEN NAME OF MOTHER Ella Cady.

BIRTHPLACE OF MOTHER (State or country) Calvert Co. Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. C. Whittington

(Address) 690 Columbia Ave.

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to April 11th 1907.

that I last saw h[er] alive on April 11th 1907

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 4 DAYS

Contributory Fracture of Thigh,

(DURATION) 11 DAYS

(Signed) J. A. Melvin, M. D.

April 11th 1907 (Address) 1303 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	Apr. 13 1907
UNDERTAKER	ADDRESS
Wm Cook	502 E. York

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0127 Registered No. B C 0127

CERTIFICATE OF DEATH.

(Place of Death.) No. 2431 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. McLorman

{Residence, if in Baltimore, Give Street and Number.} 2413 E. Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 10 1868

AGE: 38 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John H. McLorman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie E. Davis

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Nellie S. McLorman

(Address) 2431 E. Fayette St.

Filed 4/12 1907

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 190 7

I HEREBY CERTIFY, That I attended deceased from March 1 190 7 to April 10 190 7

that I last saw him alive on April 10 190 7

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Rheumatic Endocarditis

Cancerous Cachexia

(DURATION) 41 DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1000 E. Baltimore St.

Date April 11 190 7

Place of Burial Baltimore Cem. A

Date April 13 190 7

Undertaker Wm. C. Black

Address 22 N. Luzerne St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 0128 Registered No. B C 0128

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Dare

{ Residence, if in Baltimore, Give Street and Number. } 1831 N. Spring st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Nelson Deare

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Everline

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Dare

(Address) 1831 N Spring

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1907

I HEREBY CERTIFY, That I attended deceased from 4/3 1907 to 4/9 1907

that I last saw her alive on 4/8 1907,

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Sokemia

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 6 DAYS

(Signed) Chas L Emmons M.D.

Address St Joseph Hospital

Date April 9 1907

Place of Burial Laurel Cemetary

Date April 12 1907

Undertaker Robert A Elliott

Address 5 & C Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 0129 Registered No. B C 0129

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie Bell

{ Residence, if in Baltimore, Give Street and Number. } 415 Courtland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 9 1907 to Apr. 9 1907 that I last saw her alive on Apr. 9 1907 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Mania. Intestinal Obstruction.

(DURATION) One DAYS

Contributory (Primary) Typhoid fever (DURATION) ..... DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date 1907

Place of Burial JOHNS HOPKINS HOSP

Date APR 12 1907 1907

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

114

Ward 10 1 C 0130 Registered No. B C 0130

CERTIFICATE OF DEATH. 21 V

(Place of Death.) No. Md Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm McGuire

{Residence, if in Baltimore, Give Street and Number.} Baltimore Md. 8 yrs.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Washington DC

FULL NAME OF FATHER Thomas Maguire

BIRTHPLACE OF FATHER (State or country) Washington DC

MAIDEN NAME OF MOTHER Elizabeth Hall

BIRTHPLACE OF MOTHER (State or country) Alexandria Va

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Dryden

(Address) Md Penitentiary

Filed 4/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to April 4 1907

that I last saw h[illegible] alive on April 4 1907

and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Pulmonary Tuberculosis

4 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Cullen Jr. M.D.

Address 1808 N. Eutaw St

Date April 5 1907

JOHNS HOPKINS HOSPITAL

Place of Burial

APR 12 1907

Date 190

Undertaker Commissioner Health.

Address Health Department

ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

173

Ward 6

C 0131 Registered No. B C 0131

106

CERTIFICATE OF DEATH.

(Place of Death.) No 402 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara A. Buckless

{Residence, if in Baltimore, Give Street and Number.} 402 N. Madeira st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH December 1st 1815

AGE 91 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Thomas Evans

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Barbara Greves

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paulas Ritter

(Address) 402 N. Madeira st

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from April 8 1907 to April 11 1907 that I last saw her alive on April 11 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenhart M.D.

Address 2213 Orleans st

Date April 12 1907

Place of Burial Baltimore Cemetary

Date April 13th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

173

Ward 7

Registered No. B C 0132

C 0132

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 N. Montford Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta P. Schmidt

{Residence, if in Baltimore, Give Street and Number.} 621 N. Montford Ave

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 5th 1

AGE 66 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Kurl Hahn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Andrew Mettig

(Address) 521 N. Montford Ave

Filed 4/12 1907

HARRY C. ANDR[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10th 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 11 1907 that I last saw h er alive on April 11 1907 and that death occurred, on the date stated above, at 10-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.) Lardiac Asthenia

(DURATION) 2 DAYS

(Signed) Samuel J. King M.D.

Address 2309 E. Monument st

Date April 12 1907

Place of Burial Oak Lawn Cem

Date April 13th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0133

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66 V

CERTIFICATE OF DEATH.

Registered No. B C 0133

City of Baltimore, (No. 724, W. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida V Harmer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Green

BIRTHPLACE OF FATHER (State or country) Baltimore md

MAIDEN NAME OF MOTHER Catharine Scott

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kathern Green

(Address) 724 W. Franklin

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 11th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to Apr 1907

that I last saw her alive on Apr 1st 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Paraplegia

Cardiac Exhaustion (DURATION) 3 weeks DAYS

Contributory Paralysis.

2 years (DURATION) DAYS

(Signed) A L Dumbleson M. D.

Apr 12 1907 (Address) 2013 Bank St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western Cemetery | DATE OF BURIAL April 13 1907

UNDERTAKER H. C. Brannings | ADDRESS 511 Pulaski

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 0134 Registered No. B C 0134

150 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1030 N. Wolfe str. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Strejcek

{Residence, if in Baltimore, Give Street and Number.} 1030 N. Wolfe str.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 11th 1907

AGE ~ ~ 1 hour
..... years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Frank Strejcek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Annie Vacek

BIRTHPLACE OF MOTHER (State or country) St. Paul, Minn.

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. M. Sivers

(Address) #6 N. Port str.

Filed 4/12 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from April 11th 1907 to April 11th 1907 that I last saw her alive on April 11th 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis due to
Weak foetal Heart

(DURATION) DAYS
Congenital debility
Contributory (Primary.)
(DURATION) 1 hour DAYS

(Signed) Dr. H. A. Meyer M.D.

Address 1031 N. Caroline str.

Date April 11th 1907.

Place of Burial St. Johns

Date April 13 1907

Undertaker Frank Grant

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 0135

Registered No. B C 0135

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Travers

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Infts. Asy

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Mch. 1st 1907

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/10/ 1907

I HEREBY CERTIFY, That I attended deceased from Mch 4 1907 to 4/10 1907 that I last saw h[illegible] alive on 4/9/ 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate) Marasmus.

(DURATION) Life DAYS

Contributory (Primary) Inanition Life

(Signed) H. Gerstuck M.D.

Address 501-E-22nd St.

Date April 11th 1907

Place of Burial New Cathedral

Date April 13th 1907

Undertaker Martin J. Ahern & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 0136

Registered No. B C 0136

151 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgiana Howe

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Feb. 10 1907

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 4/12 1907

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/11 1907

I HEREBY CERTIFY, That I attended deceased from Mch 21 1907 to 4/11 1907

that I last saw h.. alive on 4/9/11 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) Life DAYS

Contributory (Primary) Inanition (DURATION) Life DAYS

(Signed) H.S. Gorsuch M.D.

Address 501-E-22nd St

Date April 11th 1907

Place of Burial New Cathedral

Date April 13th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 0137 Registered No. B C 0137

151V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Anderson

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Inft. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W
DATE OF BIRTH	March 24 1907
AGE	..... years, ... months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/12 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/11/ 1907

I HEREBY CERTIFY, That I attended deceased from Mch 26 1907 to 4/11/ 1907 that I last saw h... alive on 4/10/ 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.) Inanition

(DURATION) Life DAYS

(Signed) H. S. Borsuck M.D.

Address 501-E-22nd St

Date April 11th 1907

Place of Burial New Cathedral

Date April 13th 1907

Undertaker Martin Fahey's Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 0138 Registered No. B C 0138

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Jolan

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Inft. Asy.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Feb. 24th 1907

AGE ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 4/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/11/1907

I HEREBY CERTIFY, That I attended deceased from Feb 24 1907 to 4/11/1907

that I last saw h[illegible] alive on 4/11/1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.) Jaundice (DURATION) Life DAYS

(Signed) H. Gorsuch M.D.

Address 501 E 22nd St

Date April 11th 1907

Place of Burial New Cathedral

Date April 13th 1907

Undertaker Martin Fahey & Sons

Address 666 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 0139

Registered No. B C 0139

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inft. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cashell

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	March 2nd 1907
AGE	..... years, 1 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 25th 1907 to April 10th 1907 that I last saw her alive on " 10 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. B. Hayward M.D.

Address 1230 N. Caroline

Date April 11th 1907

Place of Burial New Cathedral

Date April 13th 1907

Undertaker J. Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0140 Registered No. B ..... C 0140

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Bonnell

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Greensboro N C

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 4/12 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1906 to April 12 1907

that I last saw h.. alive on April 12 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 12 1907 190 ...

Undertaker William H Woodcock

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

C 0141 Registered No. B C 0[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1636 N Calvert St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Griffin Robinson

{ Residence, if in Baltimore, Give Street and Number. } 1636 N Calvert St

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 19th 1830

AGE: 76 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward Robinson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriette Phillipps

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stewart & Company

(Address) 215 Park Ave

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11" 1907

I HEREBY CERTIFY, That I attended deceased from April 10" 1907 to April 11" 1907

that I last saw h[illegible] alive on April 10" 1907

and that death occurred, on the date stated above, at [illegible] P.M. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma - face

duration 6 months

10 minutes (DURATION) DAYS

Con'ributory (Primary.) Endocarditis

10 years (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1007 Cathedral St

Date April 11" 1907

Place of Burial Loudon Park

Date April 15th 1907

Undertaker Stewart & Company

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 0142

Registered No. B C 0142

CERTIFICATE OF DEATH.

64r

(Place of Death.) No. 1321. Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Dougherty

{Residence, if in Baltimore, Give Street and Number.} 1321 Hollins

Duration of Residence in Baltimore. 50

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 75 years about months days

SINGLE; MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edmund Dougherty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johana Connell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Fields

(Address) 200 W. Fayette

Filed 4/13 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Hemiplegia Sudden (DURATION) DAYS

Contributory (Primary.) Cerebral Apoplexy (DURATION) DAYS

(Signed) L. Fenton Jones M.D.

Address Carroll Sts

Date April 11th 1907

Place of Burial St. Peters

Date April 13th 1907

Undertaker John Fields

Address 200 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and place of birth*** of the person deceased, and the ***cause and date of death***.

(Strike out words not necessary to be used, whether married or single) of the person

C 0143

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0143

City of Baltimore, (No. 1423, Covington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James J. Hamill

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct. 22 1859 (Month) (Day) (Year)
AGE	47 years, 7 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Patrick Hamill
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Mather
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Eng. Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. Mulder

(Address) 424 E. Eager

Filed 4/12 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 25 190 to Apl 9 1907

that I last saw h.im alive on Apl 9 1907,

and that death occurred, on the date stated above, at 7.35 A. M. The CAUSE OF DEATH was as follows:

Pneumonia—Acute

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F. B. Adams M. D.

190 (Address) 424 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonnie Brae	Apr. 13, 1907
UNDERTAKER	ADDRESS
John J. Daley	1232 Williams

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15

C 0144 Registered No. B C 0144

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 2 George St. (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leroy Baker.

{Residence, if in Baltimore, Give Street and Number.} same

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH April 29 1906

AGE ..... years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Howard E. Baker

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Blanche Lorell

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. E. Baker

(Address) 2 George St

Filed 4/13 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) 6 DAYS

(Signed) Chas Lentmeyer M.D.

Address 1818 E. Chase St

Date April 12 1907

Place of Burial St Marys Hampden

Date April 14 1907

Undertaker H. E. Chenoweth & Son

Address 1931 1/2 Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 0145 — Registered No. B C 0145

331

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 W Oden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice E. Norton

{Residence, if in Baltimore; Give Street and Number.} 198 W Oden St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. — COLOR: W.

DATE OF BIRTH: Aug 23 1898

AGE: 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Edward L. Norton

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary E. Hogan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Norton

(Address) Station

Filed 4/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to April 10 1907 that I last saw him alive on April 10 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bone Tuberculosis
Sepsis

8 months (DURATION) DAYS

Contributory (Primary.) Bone Tuberculosis

(DURATION) DAYS

(Signed) Harry Lynn M.D.

Address 1940 E Chase St

Date April 12 1907

Place of Burial Cathedral Cemetery

Date April 13 1907

Undertaker C. & W. S. Glynn

Address 420 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0146 Registered No. B C 0146

CERTIFICATE OF DEATH.

47V

(Place of Death.) No. 778 Sarah Ann St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Charles H. Jacobs

{Residence, if in Baltimore, Give Street and Number.} 778 Sarah Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Exact date unknown 1856

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Nicholas Jacobs.

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie (Last name unknown)

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Minister of the Gospel.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Hill wid.

(Address) 664 N. Fayette St

Filed 4/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 11 1907 that I last saw h in alive on April 10 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy
also hemorrhage from lungs
Heart disease following
exhaustion.

(DURATION) 5 DAYS

Contributory (Primary.) Acute Rheumatism
in Jan & Feb (DURATION) 30 DAYS

(Signed) Wm. A. Hill M.D.

Address 664 N. Fayette St

Date April 11 1907

Place of Burial Mt Auburn Cemetery

Date April 13th 1907

Undertaker Felix B. Pye

Address 102 E. Lalberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0147 Registered No. B

CERTIFICATE OF DEATH.

152V

(Place of Death.) No. 926 Mason St Henrietta Line St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Clank of Thos E. Potts Col

{ Residence, if in Baltimore, Give Street and Number. } 926 Mason St.

Duration of Residence in Baltimore. 2 wks in St.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH May 29 1907

AGE ..... years, ... months 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Clank

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos Potts

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Henrietta Johnson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Potts

(Address) 926 Mason Alley

Filed 4/13 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1907

I HEREBY CERTIFY, That I attended deceased from May 29 1907 to April 11 1907

that I last saw h[illegible] alive on April 11 1907

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate.)

Lack of Care

(DURATION) 11 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Jack M.D.

Address Mt Winn Hos

Date April 11. 1907

Place of Burial Mt Auburn Cemetery

Date April 13 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 17 C 0148 Registered No. B C 0148

CERTIFICATE OF DEATH.

66 V

(Place of Death.) No. 705 Light St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Samuel Reynolds

{Residence, if in Baltimore, Give Street and Number.} 705 Ligar St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1 —

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Reynolds

(Address) 705 Light St.

Filed 4/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12" 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 12 1907 that I last saw h[im] alive on April 12 1907, and that death occurred, on the date stated above, at 10-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Paralysis

(DURATION) 8 DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Hanover St

Date April 12 1907

Place of Burial Loudon Park Cemetery

Date April 15 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — Registered No. B C 0149 — C 0149

CERTIFICATE OF DEATH.

15th ✓

(Place of Death.) No. 1628 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Josephine Fred. Evans

{Residence, if in Baltimore, Give Street and Number.} 1628 Bruce St.

Duration of Residence in Baltimore. Life

Dr. Chisolm

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Apr. 11 1907
AGE	1 day — years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Frederick Evans
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Josephine Wicks
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk Evans

(Address) 1628 Bruce St

Filed 4/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 12 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 11 1907 to Apr. 12 1907

that I last saw h-er alive on Apr. 11 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) John D Kuhn M.D.

Address Hyg. Stable (Home for Horses)

Date Apr. 12 1907

Place of Burial April 13/07

Date Laurel 190

Undertaker W. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0150

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0150

Home of the Aged M E Church

City of Baltimore, (No. Franklin + Fulton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Chadbourn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August (Month) ..... (Day) 1833 (Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Peter Dwyer

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Elizabeth Dwyer

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Benjamin's

(Address) Franklin + Fulton Ave

Filed 4/13 1907 HARRY C. ANDREAE, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 1907 to Apr 12 1907

that I last saw her alive on Apr 1907 12

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Senility

..... (DURATION) — DAYS

Contributory Cystitis

..... (DURATION) — DAYS

(Signed) William E Burdick M. D.

Apr 13 1907 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	April 15 1907
UNDERTAKER	ADDRESS
Geo J Smith & Co	W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0151

City of Baltimore, (No. 1937 Orleans St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Heid

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February (Month) 21 (Day) 1871 (Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Casper Heid

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Heid

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailoress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Heid

(Address) 1937 Orleans St

Filed 4/13 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to April 12 1907 that I last saw h[er] alive on April 12 1907, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory Intestinal Tuberculosis

(DURATION) ... DAYS

(Signed) Alfred Gellman M. D.

April 13 1907 (Address) 1876 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mount Pleasant — DATE OF BURIAL: April 15 1907

UNDERTAKER: Jos. J. Kerr — ADDRESS: 1914 E. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 0152 Registered No. B ..... C 0152

85 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph P. Sinkas

{ Residence, if in Baltimore, Give Street and Number. } ..... Born

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt md

FULL NAME OF FATHER: Joseph Sinkas

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Sinkas

(Address) 207 W. Lombard St

Filed 4/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 1906 ..... to ..... 1907 .....

that I last saw h ..... alive on ..... 1907 .....,

and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions following

Hemorrhage from nose

4 months 2 days ill

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. D. Fortune M.D.

Address 211 W. Lombard

Date April 12 1907

Place of Burial Holy Redeemer

Date April 13" 1907

Undertaker N. S. Fink

Address 2113 W. Pratt St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 6

C 0153 Registered No. B C 0153

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1913 Jefferson St. St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Frederick Strassheim

{Residence, if in Baltimore, Give Street and Number.} 1913 Jefferson St.

Duration of Residence in Baltimore. about 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: Aug. 9th 1850

AGE: 56 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Chasr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Strassheim Jrs.

(Address) 1903 Jefferson St.

Filed 4/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Sudden

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Corner Md

Date Apr 12 - 07 190

Place of Burial Baltimore Cemetery

Date April 14th 1907

Undertaker Germanus Thanner

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 19 C 0154 Registered No. B C 0154

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J Bonn.

{ Residence, if in Baltimore, Give Street and Number. } 1606 W. Lexington Street

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 1848

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Bonn

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED U.S. Government Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Haddocks

(Address) 1606 W. Lexington St

Filed 4/13/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11. 1907

I HEREBY CERTIFY, That I attended deceased from March 16. 190 to April 11 190 7

that I last saw h[illegible] alive on April 1. 190 7

and that death occurred, on the date stated above, at [illegible] A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumococcus

(DURATION) 25 DAYS

Contributory (Primary.) Pneumococcus Coin Nephritis

(DURATION) 25 DAYS

(Signed) H G Brandon M.D.

Address Resident of Hospital

Date April 11. 190 7

Place of Burial Loudon Park Cem.

Date Apr. 13th 190 7

Undertaker John A. Inman

Address Bank & Arnold

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 0155

Ward 18 C 0155 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 S. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John William Dougherty

{Residence, if in Baltimore, Give Street and Number.} 123 S. Arlington Ave

Duration of Residence in Baltimore. over 25yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 17 1868

AGE 38 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Penna.

FULL NAME OF FATHER Emanuel Dougherty

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Mary Lauty

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Belle Dougherty

(Address) 123 S Arlington

Filed 4/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th (1907) 1907

I HEREBY CERTIFY, That I attended deceased from Feby 9 1907 to April 12 1907

that I last saw him alive on 9th 1907,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation, Insuffic-iency. Encaspis insufficiency

Only known of Feby 9 1907 (DURATION) DAYS

Contributory (Primary.)

Cirrhosis of Kidneys (DURATION) 2mos DAYS

(Signed) Pearce Kintzing M.D.

Address 1823 St Charles St

Date April 11 1907

Place of Burial Western Cem

Date April 13 1907

Undertaker Jos B Cook

Address 1603 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 0156 — Registered No. B C 0156

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 119 Market Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carlos D Howard

{Residence, if in Baltimore, Give Street and Number.} Catonsville, Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 20 1865

AGE: 41 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Columbus Ohio

FULL NAME OF FATHER: Mitchell, Howard

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Kate Thompson.

BIRTHPLACE OF MOTHER (State or country): Ohio.

OCCUPATION OF DECEASED: Manufactures Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Scammon

(Address) Govans Md

Filed 4/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 11, 1907

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D Hayden M.D.

Address 1216 N Caroline St.

Date Apr. 12. 1907

Place of Burial Columbus Ohio

Date April 13 1907

Undertaker Wm. J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — Registered No. B C 0157

CERTIFICATE OF DEATH.

1514

(Place of Death.) No. 1628 — Bleecker Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Tierney C 0157

{Residence, if in Baltimore, Give Street and Number.} 1628 Bleecker ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR:

DATE OF BIRTH: Apr. 12th 1907

AGE: ( ) years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Jr. Tierney

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary E. Freburger

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Apr 19 1907 J. A. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 12 1907 that I last saw h[im] alive on April 12 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Died an hour after birth, was premature, because of Hydrocephalus, Died of asphyxia.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Harry Gross M.D.

Address 1340 S. Clinton

Date April 13, 1907

Place of Burial Bonnie Brae

Date Apr. 13 1907

Undertaker J. J. Feiser

Address 836 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 1

C. 0158 Registered No. B 0158

1167

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Helen Vass.

{ Residence, if in Baltimore, Give Street and Number. } 130 Brady Ave

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Ales. Vass.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Savanda Brewington

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jes. Vass.

(Address) 130 Brady Ave.

Filed 4/13/1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 12, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1907 to Apr. 12 1907 that I last saw her alive on Apr. 12 1907, and that death occurred, on the date stated above, at 9 — M. CAUSE OF DEATH (Secondary or Immediate)

Gen. Peritonitis

Probably from Appendicitis

(DURATION) 5 DAYS

Contributory (Primary.) Septicaemia

(DURATION) 2 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hosp.

Date Apr. 12 1907

Place of Burial Laurel Cemetery

Date April 14 1907

Undertaker R. S. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, *sex*, **age**, *condition* (whether married or single) of the person deceased, and the **cause** and **date of death**.

Ward 5 C 0159 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 Mulberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alice Mary Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1425 Mulberry St.

Duration of Residence in Baltimore. Since Birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Dorsey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Daisy Dorsey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Dorsey

(Address) 1425 Mulberry St

Filed 4/13/1907 HARRY M. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 — 4 — 1907

I HEREBY CERTIFY, That I attended deceased from 6 — 4 — 1907 to 12 — 4 — 1907 that I last saw her alive on 11 — 4 — 1907, and that death occurred, on the date stated above, at 9:55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

~~Fever, three days~~ (DURATION) 6 DAYS

Contributory (Primary.) Bronchial Pneumonia

(DURATION) 2 DAYS

(Signed) E. T. Day M.D.

Address 1418 Eutaw St

Date 13 — 4 — 1907

Place of Burial Asbury Cemetery

Date April 14 1907

Undertaker R. A. McElliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPA... City of Baltimore

Ward ..... C 0160 Registered No. B ..... C 0160

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital, Colvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine M mayer

{ Residence, if in Baltimore, Give Street and Number. } 917 Mc Culloh St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 9" 1835

AGE: 70 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Beauty Mayer

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Grwald

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. G. McDonnell

(Address) 117 N Mountcastle St

Filed 4/13/ 1907 HARRY S. ROBERTS, REGISTER. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 12" 1907

I HEREBY CERTIFY, That I attended deceased from April 8" 1907 to April 12" 1907 that I last saw h-- alive on April 12" 1907, and that death occurred, on the date stated above, at 8:10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart exhaustion

Y pulmonary edema

(DURATION) 1 DAYS

Contributory (Primary) Hemiplegia

(DURATION) 4½ DAYS

(Signed) Henry B Kaufman M.D.

Address 1007 Cathedral St

Date April 12" 1907

Place of Burial Greenmount Cemetery

Date April - 14th 1907

Undertaker H C Jenkins Sons Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — C 0161 — Registered No. B C 0161

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 95 Crowthers Alley Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jane Schaffer

{Residence, if in Baltimore, Give Street and Number.} 95 Crowthers Alley Hampden

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 6 1863

AGE: 44 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Jacob Lockner

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Annie Catherine Lockner

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory A Walk

(Address) 95 Crowthers Alley Hampden

Filed 4/13/ 1907 HARRY [illegible], REGISTRAR CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl 12 — 1907

I HEREBY CERTIFY, That I attended deceased from Mar 21 1907 to Apr 11 1907 that I last saw her alive on Apr 11 1907, and that death occurred, on the date stated above, at 8.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Con'tributory (Primary.) Pneumonia to labia abscess (DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 405 Falls Rd,

Date 190

Place of Burial Bethel Church Carroll Co

Date April 14 1907

Undertaker Wm E Chenoweth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 0162 Registered No. B C 0162

104 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1207 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel Gordon

{Residence, if in Baltimore, Give Street and Number.} 1207 Jackson St

Duration of Residence in Baltimore. from birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30th 1907

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Samuel Gordon

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Goldman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Gordon

(Address) 1207 Jackson

Filed 4/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1907

I HEREBY CERTIFY, That I attended deceased from March 30th 1907 to April 13th 1907

that I last saw h[illegible] alive on April 13th 1907

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Indigestion

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 1124 E. Balto

Date April 13th 1907

Place of Burial Philip Rd Arm Run

Date April 14, 1907

Undertaker Mary Lennan

Address 1629 N. McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B

C 0163

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0163

City of Baltimore, (No. 1509 Gough St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie Dorf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1857 (Month) (Day) Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Benjamin Josselson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachel (Josselson)

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Wolf

(Address) 1114 Eutaw st

Filed 4/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 13 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to April 12 1907 that I last saw h[er] alive on April 12 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(DURATION) 6 mos

Contributory "Inanition"

(DURATION) — DAYS

(Signed) Louis P. Hamburger M. D.

April 13 1907 (Address) 1210 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Philip's Rd Glen Burn | DATE OF BURIAL: April 14 1907

UNDERTAKER: Max Leinsen | ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

CITY OF BALTIMORE. 10V

REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0164

City of Baltimore, (No. 508 N. Vincent St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Clarence Henry Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm. H. Murray

BIRTHPLACE OF FATHER (State or country) Annapolis

MAIDEN NAME OF MOTHER Julia Jackson

BIRTHPLACE OF MOTHER (State or country) Fred'k Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Murray

(Address) 508 N Vincent St.

Filed 4/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl. 12 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apl 5 1907 to Apl 12 1907

that I last saw him alive on April 11 1907

and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (DURATION) 1 W

Contributory (DURATION)

(Signed) H. W. Alderman M.D.

April 12 1907 (Address) 1703 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? .....

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL April 14

UNDERTAKER Saml H. Chase | ADDRESS 611 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ours after death, to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ned, the full name, sex, color, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 0165 Registered No. B C 0165

CERTIFICATE OF DEATH.

(Place of Death.) No. 128 S. Arlington ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa M. McDermott.

{Residence, if in Baltimore, Give Street and Number.} 128 S Arlington ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 7th 1906

AGE: ..... years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John McDermott

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Maggie Maguire

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McDermott

(Address) 128 S Arlington ave

Filed 4/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1907

I HEREBY CERTIFY, That I attended deceased from April 12th 1907 to April 13th 1907

that I last saw her alive on April 12 1907

and that death occurred, on the date stated above, at 6:30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H W Webner M.D.

Address 723 W Lombard St.

Date April 13th 1907

Place of Burial St Peter's

Date April 14 1907

Undertaker John J Howar

Address 901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended during his last sickness, or the Coroner, who shall be first notified of the death, if no Physician attended during his last sickness, or other person superintending the burial, or the Undertaker, or other person superintending the burial, a certificate of the person, sex, age, condition (whether

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 0166 Registered No. B C 0166

CERTIFICATE OF DEATH.

17 22

(Place of Death.) No. Harbor Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Johnson

{Residence, if in Baltimore, Give Street and Number.} 723 Grindall St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Colored

DATE OF BIRTH Don't Know

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lewis

(Address) 723 Grindall St

Filed 4/14 1907 HARRY C. ARMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 10.4 P. M. CAUSE OF DEATH (Secondary or Immediate

Accidental Drowning

(DURATION) DA..

Contributory (Primary.)

(DURATION) DA..

(Signed) H. Wetzenhandt M.D. Coroner

Address

Date April 12 1907

Place of Burial Mt. Auburn Cemetery

Date April-14 1907

Undertaker M. Doyle & Sons

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0167 Registered No. B C 0167

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna B Coleman

{Residence, if in Baltimore, Give Street and Number.} 2106 Alicanna St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 7th 1857
AGE	49 years, 9 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	dont know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Coleman

(Address) 2106 Alicanna St.

Filed 4/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13 1907

I HEREBY CERTIFY, That I attended deceased from Mar 30 1907 to Apr 13 1907 that I last saw h[illegible] alive on Apr 13 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Pneumonia

and Hernia -

(DURATION) 4 DAYS

Contributory (Primary.)

Cont[illegible] (DURATION) 14 DAYS

(Signed) J. W. Hershner M.D.

Address St. Josephs Hospital

Date Apr. 14 1907

Place of Burial Mount Carmel Cem.

Date April 16 1907

Undertaker Germans Bruner

Address Bang & Wolfe

WM. J. C. DULANY CO., BALTIMORE.

Permission requested to remove remains to 2106 Alicanna St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16

C 0168 Registered No. B C 0168

CERTIFICATE OF DEATH.

(Place of Death.) No. 818 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Rebecca Martin

{Residence, if in Baltimore, Give Street and Number.} 818 W. Pratt St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Mar 24th 1825	
AGE 82 years, 0 months, 14 days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	Thomas Pearce
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.
MAIDEN NAME OF MOTHER	Rebecca - Surname unknown
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. F. Rommel

(Address) 2419 McCulloh

Filed 4/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 12th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1906 to Apr 12th 1907 that I last saw her alive on Apr 4th 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate

Inanition - (Took no nourishment for 35 days)

(DURATION) DAYS

Contributory (Primary.) Cirrhosis of Liver (DURATION) 8 years DAYS

(Signed) Geo. T. Thower M.D.

Address 421 Roland Ave.

Date Apr 13th 1907

Place of Burial Western Cemetery

Date Oct 15th 1907

Undertaker John Fuhs

Address 1205 N Fountain st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0169 Registered No. B C 0169

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 S. Vincent St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Walter Otto Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 215 S. Vincent

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White.

DATE OF BIRTH October 3 1906

AGE ..... years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edward Hoffman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna Ruddat

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Hoffman

(Address) 215 S. Vincent.

Filed 4/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12. 1907.

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 12 1907 that I last saw h... alive on April 12 1907, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 6 hours

Contributory (Primary.) Broncho-Pneumonia (DURATION) 2 DAYS

(Signed) Madeville M.D.

Address 1315 Hollins St

Date April 13, 1907

Place of Burial Loudon Park

Date April 15th 1907

Undertaker John J. Feltz

Address 120 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 0170 Registered No. B.....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 338 Ro. Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine J. Meyers

{ Residence, if in Baltimore, Give Street and Number. } 338 Ro. Woodyear RA

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 1 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John C. Meyers

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Adelia Connolly

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Field

(Address) 120 N. Lombard

Filed 4/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to April 13 1907 that I last saw h.. alive on April 13 1907 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.

Exhaustion – Convulsions

Acute Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 15 DAYS

(Signed) S. Judson Miller M.D.

Address 2629 W. Baltimore

Date April 13 1907 1907

Place of Burial New Cathedral

Date April 15th 1907

Undertaker John J. Field

Address 120 N. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, Baltimore

Ward ..... C 0171 Registered No. B .....

CERTIFICATE OF DEATH. C 0171

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Schneck

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to April 13 1907

that I last saw h[illegible] alive on April 13 1907

and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate

Acute Pseudo Pneumonia

Mitral Insufficiency

Chronic Diffused

Nephritis ..... (DURATION) ..... DAYS

Contributory (Primary.) Asthenia

Senilis ..... (DURATION) ..... DAYS

(Signed) R R Konkle M.D.

Address Bay View Asylum

Date April 13 1907

Place of Burial Sacred Heart

Date Apl. 14th 1907

Undertaker Evans & Spence

Address 118 & 120 N. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0172 Registered No. B C 0172

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hagan

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Beggar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 13 1907 that I last saw h-r alive on April 13 1907 and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage
Congestion of Lungs.

..... (DURATION) ..... DAYS

Contributory (Primary) Chronic
Diffuse Nephritis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date April 13 1907

Place of Burial Sacred Heart.

Date April 14" 1907

Undertaker Evans & Spence

Address 118 & 120 West Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY.

Ward 4

C 0173

Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 N. Jaspin St

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Oscar H. Preisz

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 20 1903

AGE: 4 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Lew Preisz

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Martha Hamming

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lew Preisz

(Address) 208 Jaspin St

Filed 4/14 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 1.30 A.M., CAUSE OF DEATH (Secondary or Immediate)

Shock & Exhaustion from burns caused by accidentally falling in tub of heating water.

(DURATION) 2½ DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. D. Gilbert Coroner M.D.

Address 211 W. Lanvale St

Date April 13th 1907

Place of Burial Lauden Park

Date April 14 1907

Undertaker W. S. Frick

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0174

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. BC 0174

City of Baltimore, (No. 1052 W Saratoga St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Estella Carroll

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Apr 6 1907 (Month) (Day) (Year)
AGE	0 years, 0 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Wm. Carroll
BIRTHPLACE OF FATHER (State or country)	Balto, Md.
MAIDEN NAME OF MOTHER	Zelma Elsie Hearman
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry H Hearman

(Address) 1052 W Saratoga

Filed 4/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 11 1907 to Apr 13 1907 that I last saw her alive on Apr 13 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 2 DAYS

Contributory Heart Failure (DURATION) 1 DAYS

(Signed) G. W. Slater M. D.

Apr 13 1907 (Address) 1703 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	4/15 1907
UNDERTAKER	ADDRESS
J Schilling	98 Robb

WM. J. C. DULANY CO., BALTIMORE.

Ward 13 C 0175 Registered No. B C 0175

CERTIFICATE OF DEATH.

9rV

(Place of Death.) No. 132 Quid Ave Woodbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edith Grace Williams

{ Residence, if in Baltimore, Give Street and Number. } 132 Quid Ave Woodbury

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 4 1892

AGE 14 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) West Va

FULL NAME OF FATHER Richard Williams

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Carrie Fletcher

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Williams

(Address) 132 Quid Ave Woodbury

Filed 4/14/1907 HARRY P. ANDREWS, PERIAT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13 1907

I HEREBY CERTIFY, That I attended deceased from Apr 7 1907 to Apr 13 1907 that I last saw her alive on Apr 12 1907, and that death occurred, on the date stated above, at 7 AM. CAUSE OF DEATH (Secondary or Immediate.)

Apnea + Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Catarrhal Pneumonia (Double) (DURATION) 6 DAYS

(Signed) Wm. H. Feldmeier M.D.

Address 805 1st Ave

Date Apr 13th 1907

Place of Burial St Mary's Hampden

Date Apr 14 1907

Undertaker Wm E. Ellsworth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 0176 — Registered No. B C 0176

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 E. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Pozybylski

{ Residence, if in Baltimore, Give Street and Number. } 730 E. Bond St.

Duration of Residence in Baltimore. 2 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	58 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Dont Know.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Dont Know.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Frances Pozybylski

(Address) 730 E. Bond St

Filed 4/14/07 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 12 - 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Apr 12 1907 that I last saw him alive on April 11 1907, and that death occurred, on the date stated above, at 3 30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Yellow Atrophy Cirrhosis (Liver)

(DURATION) 4 mos

Contributory (Primary.) Duanitine

(DURATION) 21 DAYS

(Signed) J. C. Slade M.D.

Address 121 Jackson Road

Date 190

Place of Burial Holy Rosary

Date Tuesday April 16" 1907

Undertaker M. F. Jackowski

Address 908 Aisquith St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward ..... C 0177 Registered No. B ..... C 0177

153 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2718 ODonnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Green

{ Residence, if in Baltimore, Give Street and Number. } 2718 ODonnell St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months 6 weeks ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Mathias Green.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Hopnarker.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mathias GREEN.

(Address) 2718 O.Donnell St

Filed 4/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 = 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 13 1907

that I last saw h[illegible] alive on [illegible] April 6 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inal Intubation

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Snyder M.D.

Address 320 N Greene St

Date 190

Place of Burial St Stanislaus.

Date Sunday April 14" 1907

Undertaker M J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

11

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 0178 — Registered No. B C 0178

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Mc Hale

{Residence, if in Baltimore, Give Street and Number.} 1132 Hull St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: Nov. 26 1870

AGE: 36 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna McHale

(Address)

Filed 4/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 11 1907 that I last saw him alive on April 11 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1340 S Ehrley

Date April 12, 1907

Place of Burial Cathedral Cem.

Date April 15. 1907

Undertaker D. and M. J. Flynn

Address 42. E. Mon-St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 0179

Registered No. B C 0179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1642 Abbot st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Primus

{ Residence, if in Baltimore, Give Street and Number. } 1642 Abbot st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Primus

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Primus

(Address) 1642 Abbot st

Filed 4/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from April 8 1907 to April 12 1907

that I last saw him alive on 11 1907

and that death occurred, on the date stated above, at 3.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

(a) Pulmonary Tuberculosis

4½ Months (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) William J. Kyonka M.D.

Address 2117 Ashland Ave

Date 4-13-07 1907

Place of Burial Oak Hill

Date April 15 1907

Undertaker Frank Leach

Address 1904 Eichlang Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0160 Registered No. B

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 1521 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A Groeninger

{Residence, if in Baltimore, Give Street and Number.} 1521 Argyle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 9th 1861

AGE: 46 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Lane

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Gilchrist

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Groeninger

(Address) Argyle Ave

Filed 4/11/1907 EARLY C. ADDIS, CHIEF CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to April 12th 1907

that I last saw h. alive on April 11th 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cortens of Asthenia

(DURATION) DAYS

Contributory (Primary.) Hepatic

Carcinoma (DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date April 14th 1907

Place of Burial New Cathedral

Date April 15th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 0181

Ward 14 C 0181 Registered No. B 171 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Shorter

{Residence, if in Baltimore, Give Street and Number.} Laurel Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1857

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. W. Crawford

(Address) University Hospital

Filed 4/14 1907

HARRY C. ANDRAE'S, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13. 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 4 1907 to Apr. 13 1907 that I last saw h.r alive on Apr 13 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia and cardiac asthenia

(DURATION) 7 DAYS

Contributory (Primary.) Fibroid of uterus several years (DURATION) — DAYS

(Signed) R W Crawford M.D.

Address University Hospital

Date Apr 14 1907

Place of Burial Laurel Md

Date Apr 14 1907

Undertaker Wm. J. Aitken Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or in case the cases comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex*** and if married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C 0182 Registered No. B C 0182 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2004 McHenry St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Gaffney.

{Residence, if in Baltimore, Give Street and Number.} 2004 McHenry St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 18 1907

AGE: 1/2 Hour (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Gaffney.

BIRTHPLACE OF FATHER (State or country): Balt md

MAIDEN NAME OF MOTHER: Mary A Jenkins

BIRTHPLACE OF MOTHER (State or country): Balt md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Gaffney

(Address) 2004 McHenry St

Filed 4/15 1907

Registrar

HARRY C. ANDREWS,

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1907

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to April 13 1907 that I last saw h[illegible] alive on April 13 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. M Lumpkin M.D.

Address 602 S Broadway

Date April 14 1907

Place of Burial New Cathedral

Date April 15 1907

Undertaker W. S. Finch

Address 2113 N Broadway

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0183 Registered No. B C 0183

CERTIFICATE OF DEATH.

(Place of Death.) No. 1242 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Russel E Rice

{Residence, if in Baltimore, Give Street and Number.} 1242 W Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Jan 24 1907
AGE	~ years, 3 months, 11 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John W Rice
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Alice Wilcox
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks & Son

(Address) Calhoun & Hollins Sts

Filed 4/15 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 13 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 13 1907 to ~~—~~ 190~~—~~

that I last saw h~~—~~ alive on Apr. 13 1907,

and that death occurred, on the date stated above, at 6 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

One day

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John C. Bonsal M.D.

Address 1302 W Lombard St

Date Apr. 14 1907

Place of Burial Mount Olivet Cem.

Date April 15th 1907.

Undertaker Robt Brooks & Son.

Address Calhoun & Hollins Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 0184

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0184

City of Baltimore, (No. 722 W Ostend St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Mason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: March (Month) 2nd (Day) 1852 (Year)

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Addeson

BIRTHPLACE OF FATHER (State or country): Harford C Md

MAIDEN NAME OF MOTHER: Mary A Bonner

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mason

(Address) 722 W Ostend St

Filed 4/15 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 6. 190 to April 11 1907

that I last saw her alive on April 11 1907,

and that death occurred, on the date stated above, at 3.3[illegible] P. M. The CAUSE OF DEATH was as follows:

Bronchitis probably Tuberculosis asthenia

6 weeks (DURATION) DAYS

Contributory Grip

Grip weeks (DURATION) DAYS

(Signed) L A Keene M. D.

April 13 1907 (Address) 914 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: April 16 1907

UNDERTAKER: Merrick

ADDRESS: 502 E Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 Registered No. B C 0185

C 0185

CERTIFICATE OF DEATH.

930

(Place of Death.) No. Md. Gen - Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Savanna Vass.

{Residence, if in Baltimore, Give Street and Number.} 130 Bradley Ave.

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Vass

(Address) 2819 Baltimore

Filed 4/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1907 to Apr 13 1907 that I last saw her alive on Apr. 13 1907, and that death occurred, on the date stated above, at 9-15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) E. C. Langley, M.D.

Address Md. Gen. Hosp.

Date Apr. 14, 1907

Place of Burial Laurel Cemetery

Date April 15 1907

Undertaker R. A. Sullivan

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0186 Registered No. B C 0186

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 407 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W Butler

{Residence, if in Baltimore, Give Street and Number.} 407 N. Durham St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 48 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Butler

(Address) 1520 Mulberry

Filed 4/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 / 1907

I HEREBY CERTIFY, That I attended deceased from April 1906 to April 1907

that I last saw him alive on April 12/1907,

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 year (DURATION) DAYS

Contributory (Primary)

Cardiac Asthenia (DURATION) 4 DAYS

(Signed) T. G. Rorden M.D.

Address 1504 E. Fayette St

Date April 13 1907.

Place of Burial Asbury Cemetery

Date April 15 1907

Undertaker R. McElhatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 0187 Registered No. B C 0187

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2638 Penna. Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Thompson

{Residence, if in Baltimore, Give Street and Number.} 2638 Penna. Av.

Duration of Residence in Baltimore. Fifty-two yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 23rd 1831

AGE: 76 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. W. E. Haugh

(Address) 2638 Penna. Av

Filed 4/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 13th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

did suddenly (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baetzman M.D.

Address 700 Laf. Av. (Corner)

Date April 13th 1907

Place of Burial Baltimore Cemetery

Date April 16 1907

Undertaker Josiah Syfer

Address 1601 N. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0188

City of Baltimore, (No. 2003 N. Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marguerite A. Littleton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Littleton

(Address) Forest Park

Filed 4/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 14th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1906 to April 14th 1907 that I last saw her alive on April 14th 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Pulmonary edema

(DURATION) 2 DAYS

Contributory Anemia

(DURATION) ..... DAYS

(Signed) A. T. Zimmerman M. D.

April 15th 1907 (Address) 1801 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loraine Cem. | DATE OF BURIAL: April 16 1907

UNDERTAKER: Joseph Syfer. | ADDRESS: 1601 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0189 Registered No. B C 0189

1797

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Licurgus A Baker

{Residence, if in Baltimore, Give Street and Number.} 1111 W Lombard St

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Male | COLOR White

DATE OF BIRTH Jan 2 3rd 1847

AGE 60 years, 2 months, 19 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ widowed

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Henry F. Baker

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Sydney Carter

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida V. Pacanins

(Address) 1427 Druid Hill Ave

Filed 4/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 14 1907

I HEREBY CERTIFY, That I attended deceased from Apr 5 190 7 to Apr 14 190 7

that I last saw h alive on Apr 14 190 7

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) Edw. White M.D.

Address University Hospital

Date Apr 14 4 pm 190 7

Place of Burial Loudon Park

Date April 13-th 190 7

Undertaker G.F. Walker

Address 723 N. Caf. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0190 Registered No. B ..... C 0190

157V

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 E. Church St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John F Baker

{Residence, if in Baltimore, Give Street and Number.} 123 E Church St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH December 25 1874

AGE 32 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Baker

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Maggie Baker (wife)

(Address) 123 E Church St

Filed 4/15 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~im~~ alive on ~~1907~~,

and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Suicide by hanging

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Dr W Reinhardt M.D.

Address Coroner

Date April 13 1907

Place of Burial Baltimore Cemetery

Date April 15 1907

Undertaker Edw I Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0191

Ward 7 Registered No. B C 0191

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 233 Crowthers alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph E. Dennis

{Residence, if in Baltimore, Give Street and Number.} 233 Crowthers alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: March 4 - 1907

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jno. W. Dennis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E. Bernard

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. W. Dennis

(Address) 233 Crowthers alley

Filed 4/15 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from Apr 14 1907 to Apr 14 1907 that I last saw him alive on Apr 14 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary) Congenital

(DURATION) DAYS

(Signed) Vernon J Keely M.D.

Address 40 S. Tall Rd.

Date April 14 1907

Place of Burial Ft. Mayo Hampden

Date April 15 1907

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0192 Registered No. B

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 1026 N Stockton Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola Blackburn

{Residence, if in Baltimore, Give Street and Number.} 1026 N Stockton St.

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jas Blackburn

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Anna Barnes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Blackburn

(Address) 1026 N Stockton St

Filed 4/15 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 14 1907 that I last saw h alive on April 12 1907, and that death occurred, on the date stated above, at 8.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cons reported by me 1 yr. ago.

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date April 14, 1907.

Place of Burial Mt Auburn

Date 4/16 1907

Undertaker Alex Townsend

Address 1718 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0193 Registered No. B C 0193

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2028 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva M. Amann

{ Residence, if in Baltimore, Give Street and Number. } 2028 E. Eager st

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 6th 1850

AGE: 48 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Hoech.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary A. Rhein

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Amann.

(Address) 2028 E Eager St.

Filed 4/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13. 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to April 13 1907

that I last saw h.. alive on April 12 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

A Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) W W White M.D.

Address 1107 N. Bond

Date April 14th 1907

Place of Burial Holy Redeemer

Date April 16" 1907

Undertaker Geo. M. Fink

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0194 Registered No. B 47V

CERTIFICATE OF DEATH.

(Place of Death.) No. 654 W Barre St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alfred C Kerner

{Residence, if in Baltimore, Give Street and Number.} 654 W Barre St

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22 1845

AGE: 61 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Dickinson

(Address) 638 W Barre St

Filed 4/16/1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1907

I HEREBY CERTIFY, That I attended deceased from April 9th 1907 to April 14 1907 that I last saw h[illegible] alive on April 13 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.) Rheumatoid Arthritis (DURATION) 9 DAYS

(Signed) E. Richardson M.D.

Address 528 N. Gilmor St

Date 190

Place of Burial Greenmount

Date Apr 16 1907

Undertaker Wm J Dickinson & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0195 Registered No. B 1514

CERTIFICATE OF DEATH.

(Place of Death.) No. 536 W. Conway St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blair. Marie. Lutz

{Residence, if in Baltimore, Give Street and Number.} 536 W. Conway St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 2 1907

AGE ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm T. Lutz

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Emma V. Beard

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm T. Lutz

(Address) 536 W. Conway St

Filed 4/15/ 1907 HARRY S. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14, 1907.

I HEREBY CERTIFY, That I attended deceased from April 2, 1907 to April 14, 1907. that I last saw her alive on April 14, 1907. and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth.
Eight months gestation (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Tumpkin M.D.

Address 653 Columbia Ave.

Date April 15, 1907.

Place of Burial Cedar Hill

Date Apr. 15 1907

Undertaker Wm J. Dickenert & Son

Address Bamden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0195 Registered No. B C 0196 C 0195 IV

CERTIFICATE OF DEATH.

(Place of Death.) No. 1805 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Novak

{ Residence, if in Baltimore, Give Street and Number. } 1805 Alice-anna St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Martin Nowak.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Kreyer.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Cigar making

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Nowak.

(Address) 1805 Alicanna St

Filed 4/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13 1907

I HEREBY CERTIFY, That I attended deceased from Apr 13 1907 to Apr 13 1907 that I last saw h alive on Apr 13 1907 and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Septic Peritonitis

(DURATION) DAYS

Contributory (Primary.) Typhoid

(DURATION) DAYS

(Signed) J. W. Bladel M.D.

Address 1121 Jackson St

Date Apr 15 " 1907

Place of Burial St Stanislaus

Date Tuesday Apr 16 " 1907

Undertaker W. J. Sadowski

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 0197 Registered No. B C 0197

11 V V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1330 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John. J. Maguire Sr

{Residence, if in Baltimore, Give Street and Number.} 1330 N. Broadway

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 63 years, C months, C days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John J. Maguire

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Maguire

(Address) 1813 E. North Ave

Filed 4/15 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 14 1907

I HEREBY CERTIFY, That I attended deceased from Mar 29 1907 to Apr 14 1907 that I last saw h[im] alive on Apr 13 1907, and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) 4 DAYS

Contributory (Primary.) Cirrhosis of Liver + Ascites (DURATION) — DAYS

(Signed) Scott. Fluegge M.D.

Address St. Joseph's Hospital

Date April 14 1907

Place of Burial United Hebrew Cemetery

Date April 16 1907

Undertaker Jos. Sanders, Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0198 Registered No. B ..... C 0198

1207

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nettie Jackson

{ Residence, if in Baltimore, Give Street and Number. } 626 Druid Hill Ave.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April 11th 1907

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patient.

(Address)

Filed 4/15-07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1907

I HEREBY CERTIFY, That I attended deceased from April 9 1907 to April 11 1907 that I last saw her alive on April 7 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate) Uremia.

12 Hrs. (DURATION) DAYS

Contributory (Primary.) Chr. Nephritis —

(DURATION) DAYS

(Signed) Chas. L. Jennings M.D.

Address St. Joseph Hospital

Date April 13 1907

Place of Burial JOHNS HOPKINS HOSP.

Date APR 13 1907 190..

Commissioner Health.

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPO

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

116

Ward W 1 — C 0199 — Registered No. B C 0199

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Adams

{ Residence, if in Baltimore, Give Street and Number. } Stony Run

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Col.

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/8 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 2 1907 to Apr. 8 1907

that I last saw him alive on Apr 8 1907,

and that death occurred, on the date stated above, at 8 .M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) DAYS

Contributory (Primary) Heart disease

(DURATION) DAYS

(Signed) H. D. Dorsey M.D.

Address City Hospital

Date April 12 1907

Place of Burial JOHNS HOPKINS HOSP

Date APR 13 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

116

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0200

City of Baltimore, (No. 319, S Ann St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alexander Cunningham, Sr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 24 (Month) (Day) 1846 (Year)

AGE: 60 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Cunningham

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Georgeanna Keeles

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Switchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Cunningham

(Address) 319 S. Ann St

Filed 4/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Apr 13 1907 that I last saw him alive on Apr 12 1907, and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) John H Gushard M. D.

Apr 13 1907 (Address) 1303 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Apr 16 1907

UNDERTAKER: H Sanderson — ADDRESS: 1701 E. Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 0201 Registered No. B C 0201

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Franklin Sq. M. E. Church, Franklin & Fappleyea Sts. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Dannacher (Dannacher)

{Residence, if in Baltimore, Give Street and Number.} 316 N. Fremont St

Duration of Residence in Baltimore. Most of life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 7 1859

AGE: 48 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prussia

FULL NAME OF FATHER: Georg Dannacher

BIRTHPLACE OF FATHER (State or country): Prussia

MAIDEN NAME OF MOTHER: Treca Stark

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Sexton

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M Dannacher

(Address) 316 Fremont ave

Filed 4/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1907

I HEREBY CERTIFY, That I attended deceased from W Corner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. Schaub Coroner M.D.

Address 211 W. Lanvale

Date April 14th 1907

Place of Burial Woodlawn Cemetery

Date April 16 1907

Undertaker Wilbur W Shaw

Address 316 N Fremont ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 0202 Registered No. B C 0202

64-V

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John N. Fry

{Residence, if in Baltimore, Give Street and Number.} 628 Bradley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col'd

DATE OF BIRTH Unknown 1

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas N. Fry

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary E. Wise

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bailey

(Address) 628 Bradley

Filed 4/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 14 1907

I HEREBY CERTIFY, That I attended deceased from Apl 13 1907 to Apl 14 1907

that I last saw h[illegible] alive on Apl 14 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Apnoea

(DURATION) 1 DAYS

(Signed) V L Norwood M.D.

Address 739 W Fayette St

Date Apl 15 1907

Place of Burial Mt Auburn Cemetery

Date April 17 1907

Undertaker E A Stabler

Address 500 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0203 Registered No. B

81V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Rosenstein

{Residence, if in Baltimore, Give Street and Number.} 1105 Clifton Place

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, ——— months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1105 Clifton Place

Filed 4/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1907.

I HEREBY CERTIFY, That I attended deceased from Jan. 16th 1906 to April 13th 1907.

that I last saw h.. alive on April 12th 1907.

and that death occurred, on the date stated above, at 4.51 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia hypostatica

(DURATION) 7 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) H. Hempel M.D.

Address 1103 Valley St.

Date April 13th 1907.

Place of Burial Cathedral

Date April 16 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0204 Registered No. B C 0204

CERTIFICATE OF DEATH.

27 V

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Place of Death.) No. Bay View Asylum St.

Full Name Minnie Richfield

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 4/15 1907

HARRY O. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to April 14 1907 that I last saw h[illegible] alive on April 14 1907, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date April 15 1907

Place of Burial Asbury Cemetery

Date April 15 1907

Undertaker R. E. Gallant

Address 506 Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 V C 0203 Registered No. B C 0203 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William Young.

{Residence, if in Baltimore, Give Street and Number.} 3045 Thames St.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH Apr. 14 1877

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patient

(Address)

Filed 4/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 14 1907

I HEREBY CERTIFY, That I attended deceased from Apr 4 1907 to Apr 14 1907

that I last saw h... alive on Apr 13 1907,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

+ Septic Pneumonia

(DURATION) DAYS

Contributory (Primary.) Ruptured Kidney

(DURATION) DAYS

(Signed) W. W. Kershner M.D.

Address St. Agnes Hospital

Date Apr 15 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 15 1907

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 0206 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 Hope st (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Schweikert

{Residence, if in Baltimore, Give Street and Number.} 1735 Hope st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 1st 1843

AGE: 63 years, 11 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Julius Herrmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ernestina Kestner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Schweikert

(Address) 1735 Hope st

Filed 4/15/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13, 1907

I HEREBY CERTIFY, That I attended deceased from April 9 190 to April 13, 1907 that I last saw her alive on April 13, 1907, and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 4 DAYS

Contributory (Primary.) General Paralysis

(DURATION) 4 DAYS

(Signed) A. A. Clowell M.D.

Address 1701 Harford ave

Date April 14 1907

Place of Burial Baltimore Cemetery

Date April 16th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0207 Registered No. B C 0207

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. 341 W 21st Street, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alma Hofmann

{Residence, if in Baltimore, Give Street and Number.} 341 W 21st Street

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 11th 1906

AGE: 1 years, 1 months, 3 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles E Hofmann

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Clara Reever

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Hofmann

(Address) 341 W. 21st st

Filed 4/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 14 1907 that I last saw her alive on April 13th 1907, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Lobar)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Reaver M.D.

Address 1238 Greenmount Ave

Date April 15th 1907

Place of Burial Baltimore Cemetery

Date April 16th 1907

Undertaker George Schulling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

Ward 17 C 0208 Registered No. B C 0208

CERTIFICATE OF DEATH.

(Place of Death.) No. 2928 Huntingdon ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lieut David P McClelland

{ Residence, if in Baltimore, Give Street and Number. } 2928 Huntingdon ave

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 3rd 1845

AGE: 62 years, ... months, 12 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William McClelland

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Patterson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Lieut Police

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmira P. O'Connor

(Address) 3442 Cedar Ave

Filed 4/15 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to April 14th 1907 that I last saw h[illegible] alive on April 14 1907, and that death occurred, on the date stated above, at 2 AM.

CAUSE OF DEATH (Secondary or Immediate)

Cancer of the face & Jaw

4 months (DURATION) ..... DAYS

Contributory (Primary) Pneumonia

(DURATION) 10 DAYS

(Signed) J P Chambers M.D.

Address 18 W Franklin St

Date April 15th 1907

Place of Burial New Cathedral Cemetery

Date April 18th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0209

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0209

City of Baltimore, (No. 608 N. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hezekiah B. Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 13 1834 (Month) (Day) (Year)

AGE: 73 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Hezekiah Gaylor

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Ruth a Davis

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Addie L Forst

(Address) 608 N. Mulberry St

Filed Apl 15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 14 1907

that I last saw him alive on April 13 1907,

and that death occurred, on the date stated above, at 4.30 a. M. The CAUSE OF DEATH was as follows:

Chr. myo-Carditis and
Arteriosclerosis and
Chr. Interstitial Nephritis

Some Yrs. (DURATION) DAYS

Contributory Anuria + Exhaustion

3 or 4 days (DURATION) DAYS

(Signed) Robert W. Mifflin M. D.

April 15 1907 (Address) 1018 Mad. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 15 1907

UNDERTAKER: J. B. Cook — ADDRESS: 1003 N. Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0210

City of Baltimore, (No. 414, St Paul St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Smith H. Outland (Outland)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Henry Hodges

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Harrison

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Claudia M. Outland

(Address) 414 St Paul St

Filed 4/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from A.M. April 14 1907 to P.M. April 14 1907 that I last saw h[er] alive on April 14 1907, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(DURATION) — DAYS

Contributory Apoplexy (DURATION) 2 hrs DAYS

(Signed) [illegible] M. D.

April 15 1907 (Address) 1039 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Suffolk Va	Apr 16 1907
UNDERTAKER	ADDRESS
Jas. B. Cook	1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0211 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeremiah Emery

{ Residence, if in Baltimore, Give Street and Number. } 1709 Hollins

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jan 21 1837

AGE 70 years, 2 months, 21 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William Emery

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Julia A Betson

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Harrington

(Address) 2007 Wilkins Ave

Filed 4/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 1907 that I last saw h. alive on April 13 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) One DAYS

Contributory (Primary.) Bright's disease of Kidneys (DURATION) ——— DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins

Date April 14th 1907

Place of Burial Loudon Park

Date April 16– 1907

Undertaker Chas. E. Frances

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0212

City of Baltimore, (No. 403, Bentalou St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Frederick Niessle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 22 (Month) (Day) 1853 (Year)

AGE: 53 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gottlieb Niessle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Charlotte Niessle

(Address) 403 Bentalou corner St.

Filed 4/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 13 1907 to Apr. 13 1907 that I last saw him alive on Apr. 13, 1907, and that death occurred, on the date stated above, at 9:30 p. m. The CAUSE OF DEATH was as follows:

Alcoholism

(DURATION) 7 DAYS

Contributory (DURATION) DAYS

(Signed) E. A. Dickey M. D.

Apr. 14 1907 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemy. DATE OF BURIAL: April 16 1907

UNDERTAKER: Mrs Geo. P. Paulus ADDRESS: 2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 0213 Registered No. D

CERTIFICATE OF DEATH.

6

(Place of Death.) No. 210 Laurens St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry W. Matthews

{Residence, if in Baltimore, Give Street and Number.} 210 Laurens St -

Duration of Residence in Baltimore. Lifetime C. 0213

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov. 29 = 1901

AGE: 5 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. -

FULL NAME OF FATHER: Henry W. Matthews

BIRTHPLACE OF FATHER (State or country): Iowa

MAIDEN NAME OF MOTHER: Thresia Guth

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W. Matthews

(Address) 210 Laurens St

Filed 4/15 - 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 14 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 14 1907 that I last saw him alive on April 14 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho - pneumonia -

(DURATION) 6 DAYS

Contributory (Primary.) Measles

(DURATION) 9 DAYS

(Signed) John J. Koing M.D.

Address 1425 Eutaw place

Date April 14 1907

Place of Burial Druid Ridge

Date April 16 - 1907

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0214 Registered No. B C 0214

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John H Moore

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 57 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Carpenter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) Bay View Asylum

Filed 4/18 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to April 14 1907 that I last saw h alive on April 14 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date April 15 1907

Place of Burial New Cathedral

Date April 17th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0215 Registered No. B C 0215

CERTIFICATE OF DEATH.

(Place of Death.) No. 1238 Ashland Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret A. Myers

{ Residence, if in Baltimore, Give Street and Number. } 1238 Ashland Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	W.
DATE OF BIRTH	July 25, 1839
AGE	67 years, 8 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Cornelius Rock
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Bridget Murphy
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Rock

(Address) 1238 Ashland Ave

Filed 4/15 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1906 to April 14th 1907 that I last saw h[er] alive on April 4 1907, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

Two Years (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. P. Chandler M.D.

Address 18 E. Franklin St

Date April 15 1907

Place of Burial Cathedral Cemetery

Date Apr. 16, 1907

Undertaker J. W. Means & Son

Address 805 W. Calvert St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Ward 17 C 0216 Registered No. B C 0216

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital Dr. Galvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wenderoth

{ Residence, if in Baltimore, Give Street and Number. } 2706 Hunk Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Mar. 20 1858.

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baynesville Balto. Co.

FULL NAME OF FATHER John Wenderoth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Wenderoth

BIRTHPLACE OF MOTHER (State or country) Baynesville Balto Co

OCCUPATION OF DECEASED Hunter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. E. Burns

(Address) Towson

Filed 4/16/07 HARRY C. ANDREWS, 2ND ASST. CLERK & PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1907

I HEREBY CERTIFY, That I attended deceased from April 11 1907 to April 15 1907 that I last saw h alive on " " 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Con'tributory (Primary) Heart

Exhaustion (DURATION) DAYS

(Signed) Fred W Davis M.D.

Address City Hospital

Date April 15 1907

Place of Burial Towson Md

Date April 18th 1907

Undertaker John Burns Sons

Address Towson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the *cause and date of death.* notice, to furnish within ***eighteen hours*** during his or her last sickness, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.*** ***hours after death,*** to the Undertaker, or other person superintending the burial, a certificate

Ward 7 C 0217 Registered No. B C 0217

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 15 S Chapel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cunigunda Rudel

{ Residence, if in Baltimore, Give Street and Number. } 15 S Chapel St

Duration of Residence in Baltimore. about 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	June 25 1828
AGE	79 years, 9 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Johann Stark
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Dorothea Stakorn
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Rudel

(Address) 15 S. Chapel St.

Filed 4/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 14 1907 that I last saw h e alive on April 13 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Lungs

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage -

(DURATION) DAYS

(Signed) Albertus Ellis M.D.

Address 1528 E. Balto

Date April 14th 1907

Place of Burial Holy Redeemer Cemetery

Date April 17th 1907

Undertaker Germanus Franz

Address 13 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 0218 Registered No. B C 0218

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 N. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Lotz

{ Residence, if in Baltimore, Give Street and Number. } 615 N. Collington Ave.

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Oct. 22nd 1839

AGE: 67 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Lotz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Plumer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susana Lotz

(Address) 615 N. Collington Ave

Filed 4/16/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Apr 15 1907 that I last saw him alive on 11 11 1906, and that death occurred, on the date stated above, at 2-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary.)

About 7 Months (DURATION) DAYS

(Signed) J. H. Goldenberg M.D.

Address 1810 E Balto St

Date Apr 16/07 1907

Place of Burial Holy Redeemer Cemetery

Date April 18th 1907

Undertaker Germanus Thos

Address 1 Bond & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0219 Registered No. B C 0219

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 N. Wolfe St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Georgeanna E. Sleighler

{ Residence, if in Baltimore, Give Street and Number. } 922 N. Wolfe St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 23 rd 1835

AGE 71 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Sleighler

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Eliza Adams

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry S. Mettee

(Address) 922 N. Wolfe St

Filed 4/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14, 1907

I HEREBY CERTIFY, That I attended deceased from April 11, 1907 to April 14 1907

that I last saw her alive on April 13, 1907

and that death occurred, on the date stated above, at 9.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Anemia & General Debility

due to Asthma & Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Clewell M.D.

Address 1741 Hanford ave

Date April 15 1907

Place of Burial Mt. Olivet Cem.

Date 4/14/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — C 0220 — Registered No. B 64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gary

{Residence, if in Baltimore, Give Street and Number.} 824 E. Pratt St.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 2nd 1847
AGE	60 years, — months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hospital of St. Joseph

(Address) N. Broadway

Filed 4/16 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 15 1907

I HEREBY CERTIFY, That I attended deceased from Apr 9 1907 to Apr 15 1907 that I last saw him alive on Apr 14 1907, and that death occurred, on the date stated above, at 6.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) DAYS

Contributory (Primary.) Apoplexy.

Hypostatic Pneumonia (DURATION) 1 DAYS

(Signed) Geo. H. Pflueger M.D.

Address St. Josephs Hosp.

Date Apr. 15 1907

Place of Burial Sacred Heart Cemetery

Date April 16. 1907 190

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

C 0221 9V

(Place of Death.) No. 724 N Mount st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Lillian McNeil

{Residence, if in Baltimore, Give Street and Number.} 724 N. Mount st.

Duration of Residence in Baltimore. 3 yrs. 10 mos - 28 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: May 17 1903

AGE: 3 years, 10 months, 28 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel McNeil

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary J. Burns.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel McNeil

(Address) 724 N Mount St

Filed 4/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 15 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 7 1907 to Apr. 15 1907 that I last saw h- alive on 4 15 1907, and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dysentia.

(DURATION) 8 DAYS

Con'tributory (Primary.) Bronchial Pneumonia

(DURATION) ——— DAYS

(Signed) Edwin Murray M.D.

Address 1231 W. Lafayette Ave

Date Apr. 15 1907

Place of Burial Loudon Park Cemetery

Date April 16th 1907

Undertaker Putnam & Son

Address 1723 W Lafayette Ave

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 0 C 0222

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. 36 Belair Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant child of William and Mary Dollinger -

{ Residence, if in Baltimore, Give Street and Number. } 36 Belair ave.

Duration of Residence in Baltimore.

C.0222

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 14, 1907

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Dollinger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Bensel

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Dollinger

(Address) 36 Belair ave

Filed 4/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 14 1907 to Apr. 15 1907 that I last saw h~~im~~ alive on Apr. 15 1907, and that death occurred, on the date stated above, at 6 ~~8~~ M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date April 15, 1907

Place of Burial Baltimore Cemetary

Date April 16th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 0223 Registered No. B C 0223

CERTIFICATE OF DEATH.

(Place of Death.) No. 2408 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles G. Hutzler

{ Residence, if in Baltimore, Give Street and Number. } 2408 Eutaw Place

Duration of Residence in Baltimore. Lifetime C 0223

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 12 1840

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Mongo Hutzler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Lemburger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mongo A. Hutzler

(Address) 2408 Eutaw Place

Filed 4/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to April 14 1907 that I last saw h[illegible] alive on April 14 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Bulbar

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) H. Andrews M.D.

Address 1607 Linden Ave.

Date April 15 1907

Place of Burial Loudon Park Cemetery

Date [illegible] 1907

Undertaker J. Enos & Co

Address 754 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 0224 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Orleans St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John C Turner

{ Residence, if in Baltimore, Give Street and Number. } 1404 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B.

DATE OF BIRTH 1

AGE ... years, 6 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Turner

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Isabella Kain

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Kain

(Address) 1404 Orleans St.

Filed 4/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 5½ A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Gregor Cornelius M.D.

Address Coroners Office

Date April 15 - 07 190...

Place of Burial Laurel C

Date April 16th 1907

Undertaker Wm J. E Jackson

Address 1421 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1727

(Place of Death.) No. 1425 Block St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L. Valentine

{ Residence, if in Baltimore, Give Street and Number. } 1425 Block st

Duration of Residence in Baltimore.

C.0225

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 10th 1836

AGE 71 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis C. Semmler

(Address) 1425 Block st

Filed 4/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 7th 1907 to Mar 11th 1907 that I last saw him alive on Mar 11th 1907, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

I left patient R in March with instructions to call on me when necessary, I arrived last night a few minutes after death

Chronic Nephritis (DURATION) 6 Months

Contributory (Primary.) Oedema of lungs.

Half hours (DURATION) — DAYS

(Signed) A L Tremblecom M.D.

Address 2013 Bank St.

Date Apr 15th 1907

Place of Burial U.S. National Cemetery

Date April 16/07 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Mattie W. Schultz.

{ Residence, if in Baltimore, Give Street and Number. } 329 N. Carey St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Mar 16th 1883

AGE 24 years, — months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Cambrige Md

FULL NAME OF FATHER Joseph Smith

BIRTHPLACE OF FATHER (State or country) Glen Etta. Md

MAIDEN NAME OF MOTHER Mary R. Smith

BIRTHPLACE OF MOTHER (State or country) Cambrige, Md

OCCUPATION OF DECEASED House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Schultz

(Address) 1703 W. Franklin St.

Filed 4/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 15 1907

I HEREBY CERTIFY, That I attended deceased from Mar 25 1907 to Apr 15 1907 that I last saw h alive on Apr 15 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 365 DAYS

(Signed) W. W. Stout M.D.

Address Mt Homoeopathic Hospital

Date 4-16- 1907

Place of Burial Cambrige Md

Date April 16th 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0227 Registered No. D 1547

CERTIFICATE OF DEATH.

(Place of Death.) No. 853 Hamilton Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Matthews

{Residence, if in Baltimore, Give Street and Number.} 853 Hamilton Terrace

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6, 1822 E

AGE 84 years, 9 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER William Hays

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catharine Armstrong

BIRTHPLACE OF MOTHER (State or country) Phila, Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Hays Griffith

(Address) 1919 W. Lanvale St.

Filed 4/16/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from June 3 ~~1903~~ to Apr 14 1907 that I last saw her alive on Apr 14 1907 and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility and exhaustion incident to her age

About 4 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph P. Smith M.D.

Address Cecil Co Md

Date April 14 1907

Place of Burial Greenmount Cemetery

Date April 16" 1907

Undertaker Hy W. Jenkins & Sons Co

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 0228 Registered No. B

CERTIFICATE OF DEATH.

79V

(Place of Death.) No. 1109 N. Eutaw St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Josephine S. Darrell

{Residence, if in Baltimore, Give Street and Number.} 1109 N. Eutaw St

Duration of Residence in Baltimore. All her life. C.0228

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White.

DATE OF BIRTH Unknown 1842

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charles H. Winder

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Mary Sterett

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Cavendish Darrell

(Address) 1109 N. Eutaw St

Filed 4/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1907

I HEREBY CERTIFY, That I attended deceased from August 20th 1906 to August 28th 1906 that I last saw her alive on March 30th 1907 and that death occurred, on the date stated above, at about 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease of the Heart

- how long it has existed I do not know as it existed when I first saw her (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. C. Chew M.D.

Address 215 W. Lanvale St

Date April 16th 1907

Place of Burial Greenmount Cemetery.

Date April 17th 1907

Undertaker Hy W. Jenkins Sons Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0229 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2715 York Road St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Jennie E Jeffs

{ Residence, if in Baltimore, Give Street and Number. } 2715 York Road

Duration of Residence in Baltimore. 6 years C 0229

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 18 1871

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Newyork

FULL NAME OF FATHER: ? ? Davis

BIRTHPLACE OF FATHER (State or country): — U. S.

MAIDEN NAME OF MOTHER: ? ? ~~Jones~~ ?

BIRTHPLACE OF MOTHER (State or country): — ? ? ?

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F Jeffs

(Address) 2715 York Road

Filed 4/16 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 16 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1904 to Apr 15 1907

that I last saw her alive on Apr 15 1907

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

3 years. (DURATION) DAYS

(Signed) Dr W Gaddess M.D.

Address 2631 N K Rd

Date Balto. 4/16/07 190

Place of Burial Adams Center Jefferson Co N.Y.

Date Apr. 16th 190

Undertaker Williams Co

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C 0230

C 0230

CERTIFICATE OF DEATH.

17V

(Place of Death.) No. 1744 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Budacz

{Residence, if in Baltimore, Give Street and Number.} 1744 Eastern ave

Duration of Residence in Baltimore. 16 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Galicia Austria

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Galicia Austria

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Galicia Austria

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Budacz

(Address) 1744 Eastern Ave

Filed 4/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ~ 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Budacz Comm M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Holy Rosary

Date April 17th 1907

Undertaker Jacob Finkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0231 Registered No. 8 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 944 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Jackson 6

{Residence, if in Baltimore, Give Street and Number.} 944 Leadenhall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: April 9 1907

AGE: ____ years, ____ months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: James Jackson 6

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Pearl Webster 6.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. 6.

(Informant) Louisa Tyler Aunt

(Address) 942 Leadenhall St

Filed 4/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 15 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____

that I last saw h alive on ____ 190 ____,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) Otto Mustenbrook M.D.

Address Grove

Date April 16 190 7

Place of Burial Mount Olivet

Date April 16 190 ____

Undertaker H H Todwine

Address 104 West Fillmore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0232

City of Baltimore, (No. 1834, W. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ann Matthews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 14 1831 (Month) (Day) (Year)

AGE: 75 years, 4 months, 1 days

~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED: Married

BIRTHPLACE (State or country): (Virginia)

FULL NAME OF FATHER: Isaac R. Matthews

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Richardson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lilly J. Buckley

(Address) 1834 W. Lombard St

Filed 4/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1907 to Apr. 15, 1907

that I last saw her alive on Apr. 14, 1907,

and that death occurred, on the date stated above, at 2.45 A. M. The CAUSE OF DEATH was as follows:

Intestinal obstruction

(DURATION) 14 DAYS

Contributory

(DURATION) DAYS

(Signed) E. A. Dickey, M.D. M. D.

Apr. 15, 1907 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 17 1907
UNDERTAKER	ADDRESS
F B Shepard	(, Frederick Co Md)

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 934

CERTIFICATE OF DEATH.

(Place of Death.) No. 263 D Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Luther

{Residence, if in Baltimore, Give Street and Number.} 263 D Bond St

Duration of Residence in Baltimore. Life time C0133

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 22 1846.

AGE 58 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Christian Luther

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Roseann Hannah

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Fruit Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Meyers Whitfelder

(Address) 522 Lawrence St Brentwood

Filed Apl 16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 15 1907

that I last saw him alive on April 15 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles St

Date Baltimore April 16 1907

Place of Burial Baltimore Cemetery

Date April 18th 1907

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0234 Registered No. B 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 N Chapel St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Teresa Erdman

{Residence, if in Baltimore, Give Street and Number.} 413 N Chapel St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH March 27 1901

AGE 6 years, months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Erdman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Kate Buran

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Horkey

(Address) 202 N Rose

Filed 4/16/1907 HARRY C. ANDREWS, FORMER CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH april 14 1907

I HEREBY CERTIFY, That I attended deceased from april 12 1907 to april 14 1907 that I last saw her alive on april 12 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

Pulmonary

from Lisky about 6 weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Adolph C Binkley M.D.

Address 2213 Orleans

Date april 16 1907

Place of Burial Holy Redeemer

Date April 16 1907

Undertaker Wendell & Conn

Address 330 S. Bond.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 4046 E 2 1/2 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thea Rigby

{ Residence, if in Baltimore, Give Street and Number. } 4046 E 2 1/2 St

Duration of Residence in Baltimore. 1 1/2 years

C.0235

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: January 11 1882	
AGE: 25 years, 3 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Philadelphia Pa	
FULL NAME OF FATHER: James Rigby	
BIRTHPLACE OF FATHER (State or country): United State	
MAIDEN NAME OF MOTHER: Lydia Fry	
BIRTHPLACE OF MOTHER (State or country): Pennsylvania	
OCCUPATION OF DECEASED: Waitress	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Naughton Bagley

(Address) 1046 E. 2 1/2 St.

Filed 4/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907.

I HEREBY CERTIFY, That I attended deceased from April 1907 to April 14 1907

that I last saw h alive on April 14 1907

and that death occurred, on the date stated above, at 2.30

11. CAUSE OF DEATH (Secondary or Immediate) Exhaustion

Manifestation Cardiac

as Phthisis

(DURATION) DAYS

Contributory (Primary.) Pulmonary

Tuberculosis (DURATION) 6 mos.

(Signed) Naughton Bagley M.D.

Address Guilford Ave & 20th St

Date April 14 1907

Place of Burial Laurel Cem

Date April 16 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0236 ... Reg...

914

CERTIFICATE OF DEATH.

(Place of Death.) No. 2235 Lamby St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John O. Tennant

{ Residence, if in Baltimore, Give Street and Number. } 2235 Lamby st

Duration of Residence in Baltimore. Life C. 0236

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 64 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Can maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Buzby

(Address) 2235 Lamby st

Filed 4/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH APR 15 1907 190

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 15 1907

that I last saw him alive on April 14 1907

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Oakland ave

Date April 15 1907

Place of Burial National Cemetery

Date APR 17 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X

Registered No. B 0237

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital. N Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Schmidt

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Aug 16 1906

AGE: 0 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Stuttgard Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) 2 S. Gay St.

Filed 4/16 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 16 1907

that I last saw h alive on 4 " 1907

and that death occurred, on the date stated above, at 12.

I. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(said to be following measles)

Immediate (DURATION) DAYS

Contributory (Primary.) Scarlatina

Duration (DURATION) DAYS

(Signed) Fred W Daniel M.D.

Address City Hospital

Date April 16 1907

Place of Burial Ev Evangelical

Date April 17 1907

Undertaker H Sander & Son

Address 1711 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0238

City of Baltimore, (No. 917 Fawn St. St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter P. Croghan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November (Month) 8 (Day) 1835 (Year)

AGE: 71 years, 5 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Croghan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A. Geharty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elizabeth Croghan

(Address) 917 Fawn St

Filed 4/17/1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 8th 1907 to April 14th 1907 that I last saw h[illegible] alive on April 14th 1907, and that death occurred, on the date stated above, at 9.15 A. M. The CAUSE OF DEATH was as follows:

Carcinoma (cancer) of the face

(DURATION) 3 years ~~DAYS~~

Contributory

(DURATION) DAYS

(Signed) A. Palmisano M. D.

April 15th 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Vincents Cemetery

DATE OF BURIAL: APR 18 1907

UNDERTAKER: Evans & Spence

ADDRESS: 1184 170 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C 0239 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1752 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Miller

{Residence, if in Baltimore, Give Street and Number.} 1752 E Preston St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 20th 1857

AGE: 49 years, 10 months 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (~~State~~ or country): Iowa

FULL NAME OF FATHER: Reinhardt Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Hilner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. Miller

(Address) 1752 E. Preston St

Filed 4/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1907

I HEREBY CERTIFY, That I attended deceased from March 1906 to April 14 1907

that I last saw h alive on April 14 1907

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus,

Two years (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) H H Chambers M.D.

Address 18 W Franklin St

Date April 16th 1907

Place of Burial London Park Cemetery

Date April 18 1907

Undertaker Evans & Spencer

Address 168 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 0240 Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thos. Murray

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 11

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Murray

(Address) New York city

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15-'7 1907

I HEREBY CERTIFY, That I attended deceased from As Estrom 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism, from a ruptured blood vessel

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ebbart Coroner M.D.

Address 211 W. Lanvale St.

Date 4. 17. 1907

Place of Burial New York City

Date April 17 1907

Undertaker E. Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0241 Registered No. B .....

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John R Osborn

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. C.0241

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 35 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country): Alabama	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country): Scotland	
OCCUPATION OF DECEASED: Painter & Paper Hanger	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hos Record Bld.

(Address)

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from April 14 1907 to April 16 1907

that I last saw h in alive on April 16 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Double Tuban Pneumonia Cryptic Syphilis

(DURATION) DAYS

Contributory (Primary.) Oedema of Lungs (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 16 1907

Place of Burial Sacred Heart

Date April 17" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 0242 Registered No. B C 0242

CERTIFICATE OF DEATH. 27V

(Place of Death.) No. 240 N Montford ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Maud Dockins

{Residence, if in Baltimore, Give Street and Number.} 240 N Montford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Wheatley

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elizabeth Wilburn

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Dockins

(Address) 240 N Montford ave

Filed #1777 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to April 14 1907 that I last saw her alive on April 13 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonis

(DURATION) 27 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 1213 Orleans St

Date April 15. 1907

Place of Burial Woodlawn Cemetery

Date April 17. 1907

Undertaker R A Gillett

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 0243 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 Clifford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Mobile

{ Residence, if in Baltimore, Give Street and Number. } 831 - Clifford

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Isabella Mobile

BIRTHPLACE OF MOTHER (State or country): Eastern Shore Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mobile

(Address) 831 Clifford

Filed 4/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1907

I HEREBY CERTIFY, That I attended deceased from Apr 10 1907 to Apr 15 1907

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Paralysis (DURATION) sudden DAYS

Contributory (Primary) Asthma (DURATION) Some DAYS

Organic Heart Disease

(Signed) G. Lewis Jones M.D.

Address Coroners

Date April 15th 1907

Place of Burial Mt Auburn C-L

Date April 17 — 1907

Undertaker G. L. Brown and Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes ...hin ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ...he ***full name, sex, age, condition*** (whether married or single) of the person

Ward ..... C 0241 Registered No. .....

CERTIFICATE OF DEATH.

41V

Place of Death.) No. 1213 Guilford Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caspar T. Kuhlmann

{Residence, if in Baltimore, Give Street and Number.} 1213 Guilford Av.

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 10 1844

AGE 63 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Rhein Germany

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known ~~Mary L. Hoffmeister~~

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis J Kuhlmann

(Address) 1213 Guilford Av

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1906 to April 15 1907 that I last saw h alive on April 14 1907 and that death occurred, on the date stated above, at 12 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Rectum

about 7 mos (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 10 DAYS

(Signed) James M Fenton M.D.

Address 706 E Chase St

Date April 15 1907 190

Place of Burial Holy Redeemer Cemetery

Date April 18 1907

Undertaker Edward A Byrne

Address 302 N Gay st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0243 Registered No. 8 61V

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Bloomingdale Road St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Martha Blimline

{ Residence, if in Baltimore, Give Street and Number. } 821 Blumingdale Road

Duration of Residence in Baltimore. Lafetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: April 11 1907

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Blimline

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Daisy E Clay

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Blimline

(Address) 82 Blumingdale Rd

Filed 4/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 11th 1907 to Apr 16th 1907 that I last saw her alive on Apr 15th 1907, and that death occurred, on the date stated above, at 2-30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary)

Convulsions (DURATION) DAYS

(Signed) J. B. Zapp M.D.

Address 3050 W North ave

Date April 16th 1907

Place of Burial Western Cemetery

Date April 17 1907.

Undertaker Josiah Sefton

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0246 Registered No. B .....

120 ✓

CERTIFICATE OF DEATH

(Place of Death.) No. 705 Druid Hill Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Finigan

{ Residence, if in Baltimore, Give Street and Number. } 705 Druid Hill Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Finigan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry

Filed 4/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to April 16th 1907

that I last saw h.. alive on April 13th 1907,

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asthma

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) John T McCarty M.D.

Address 696 W Franklin St

Date April 16th 1907

Place of Burial New Cathedral

Date April 19 1907

Undertaker M Cadogan

Address 696 Mulberry St ✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0247 Registered No. B

CERTIFICATE OF DEATH.

1201

(Place of Death.) No. 204 Union Ave (Woodberry Ave) St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary D. Schafer

{Residence, if in Baltimore, Give Street and Number.} 204 Union Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 11th 1846

AGE: 60 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Andrew J. Haltzin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Hildebrand

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. George A. Schafer

(Address) 204 Union Ave.

Filed 4/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to April 15th 1907 that I last saw h alive on April 15th 1907 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Con'tributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 1656 W Frankland

Date April 16th 1907

Place of Burial Loudon Park Cemetery

Date April 18th 1907

Undertaker Henry Hoeck Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 0248

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. 25 Gorsuch Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H. Grossman

{Residence, if in Baltimore, Give Street and Number.} 25 Gorsuch Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 14th 1901

AGE: 5 years, 9 months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Peter Grossman

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Annie Grau

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Grossman

(Address) 25 Gorsuch Ave.

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 16 1907 that I last saw him alive on April 15 1907, and that death occurred, on the date stated above, at 5

~~1~~ 11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Young Whitworth M.D.

Address 257 Gorsuch avenue

Date April 16 1907

Place of Burial Holy Redeemer Cemetery

Date April 18 1907

Undertaker Henry Hirsch & Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0249 Registered Number 902

CERTIFICATE OF DEATH.

(Place of Death.) No. 1738 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. Correa

{ Residence, if in Baltimore, Give Street and Number. } 1738 E Madison st

Duration of Residence in Baltimore. Life C.0249

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 29 1

AGE: 69 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Patterson

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Elenora Basheare

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Correa

(Address) 1738 E Madison St

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH APR 16 1907 190....

I HEREBY CERTIFY, That I attended deceased from April 5. 1907 to April 16. 1907 that I last saw h.. alive on " 15 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs (DURATION) 24 hours

Contributory (Primary), Acute Bronchitis (DURATION) 13 DAYS

(Signed) H. H. Hartman M.D.

Address 1121 N Caroline St.

Date April 17. 1907

Place of Burial Baltimore. Con.

Date APR 18 1907 190....

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 0250 Registered No. B C 0250

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Dennis

{Residence, if in Baltimore, Give Street and Number.} 872 W. Fayette

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER Henry F Dennis

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Shultz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Catherine Dennis

(Address) 872 W Fayette St

Filed 4/17/ 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from as known 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.

Address 211 N. Laurens St. Coroner

Date 4. 16. 1907

Place of Burial Baltimore Cem

Date 4/19 1907

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VII C 0251 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nannie Haynes

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: ~~45~~ 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15. 1907

I HEREBY CERTIFY, That I attended deceased from June 5. 1906 to April 15. 1907 that I last saw her alive on April 15. 1907 and that death occurred, on the date stated above, at 20t P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ? DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ? DAYS

(Signed) W L Brent M.D.

Address Bay View Asylum

Date April 15. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 16 1907 190

Undertaker William H Worden

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6th Male

C 0252

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital, N Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William White

{ Residence, if in Baltimore, Give Street and Number. } Man Bet Space

Duration of Residence in Baltimore. Five (5) yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Black

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/17/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 14 1907 that I last saw him alive on April 14 1907, and that death occurred, on the date stated above, at 10.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

Unknown (DURATION) DAYS

Contributory (Primary.) Sarcoma (DURATION) DAYS

(Signed) Fred W Bancroft M.D.

Address City Hospital

Date April 16 1907 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 16 1907 190

Commissioner Health.

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... Registered No. B .....

118 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Auld.

{ Residence, if in Baltimore, Give Street and Number. } 21 N. Wolf St.

Duration of Residence in Baltimore. 17 yrs.

C. 0263

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White.
DATE OF BIRTH	May 7, 1890 ~~1907~~
AGE	16 years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Wm. Auld.
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Martha Haynes.
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Martha Auld

(Address) 21 N. Wolf St.

Filed 4/17/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1907 to Apr. 16 1907 that I last saw her alive on Apr. 16, 1907, and that death occurred, on the date stated above, at 8-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis and Peritonitis.

Duration (DURATION) — DAYS

Contributory (Primary.) Septicaemia

(DURATION) 4 DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hospital

Date April 16, 1907

Place of Burial Louden Park

Date 4/19/07 190

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 0254 Registered No. B 15/V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2013 Clifton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Henry Rider

{ Residence, if in Baltimore, Give Street and Number. } 2013 Clifton Ave.

Duration of Residence in Baltimore. 53 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 21st 1907

AGE: ..... years, ... months, 53 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph. Henry Rider

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Ann Winwood

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. H Rider

(Address) 2013 Clifton av

Filed 4/17/1907 HARRY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to April 16 1907 that I last saw h in alive on April 15 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Atrophy

(DURATION) 47 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Miles Wheeler M.D.

Address 2129 W Mulberry Ave

Date April 16 1907

Place of Burial Western

Date April 17 1907

Undertaker Wm E Humphrey Co

Address 1112 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C 0255

Registered No. B .....

City of Baltimore, (No. 206 Frederick ave St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Kaiser

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 8th 1834 (Month) (Day) (Year)

AGE: 72 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Scheff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Kaiser

(Address) 206 Fredk ave

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 8th 1907 to April 16th 1907 that I last saw her alive on April 15th 1907, and that death occurred, on the date stated above, at 6.10 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 8 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Colin G. Holliday M. D.

April 16th 1907 (Address) 714 Hanlick ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: April 18 1907

UNDERTAKER: C. W. Dill — ADDRESS: 810 Fedk. ave,

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C 0255 Registered No. B

CERTIFICATE OF DEATH.

92V

(Place of Death.) No. 825 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Mancuso.

{ Residence, if in Baltimore, Give Street and Number. } 825 Greenmount ave

Duration of Residence in Baltimore. Life time C 0256

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Jan 1st 1906

AGE: 1 years, 2 months, 16 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: S.

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Carmelo Mancuso

BIRTHPLACE OF FATHER (State or country): Italy.

MAIDEN NAME OF MOTHER: Carmela Laporta

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sigismundo Mancuso

(Address) 825 Greenmount ave

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from April 10th 1907 to April 16th 1907 that I last saw him alive on April 16th 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac —

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(Tabular) (DURATION) 9 DAYS

(Signed) S. Demarco M.D.

Address 160 S. Linden ave

Date April 17th 1907

Place of Burial St Vincents Cemetery

Date Oct. 16th 1907

Undertaker Germanus Franc

Address Bang & Wolfe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C 0257

Registered No. B .....

City of Baltimore, (No. 130 W Hamburg St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Kuhl

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 6 (Day) 1846 (Year)

AGE: 61 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman M. Kuhl

(Address) 2022 Lafayette Ave

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 10 1907 to Apr. 16 1907.

that I last saw h alive on Apr 16 1907.

and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) DAYS

Contributory Croupous Pneumonia

(DURATION) DAYS

(Signed) Henry Stieff Lewis M. D.

Apr 16 1907 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: April 17th 1907

UNDERTAKER: E. Schluraff & Son — ADDRESS: 1534 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 0258 Registered No. B 6V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1847 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Henry Laurel

{ Residence, if in Baltimore, Give Street and Number. } 1847 N Spring St

Duration of Residence in Baltimore. 1 mo C.0258

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John Jones

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Laura Laurel

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jones

(Address) 1847 N Spring St

Filed 4/17/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 15 1907

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Measles. (DURATION) DAYS

(Signed) Geo. C. Laurel M.D.

Address Corner Rd.

Date Apr 15 - 07 190

Place of Burial Laurel

Date April 17 1907

Undertaker P. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0259

CERTIFICATE OF DEATH.

9 2 V

(Place of Death.) No. 1410 E. Madison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maretta Perry.

{Residence, if in Baltimore, Give Street and Number.} 1410 E. Madison St

Duration of Residence in Baltimore. C 0259

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR C.

DATE OF BIRTH June 8 1906

AGE 1 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John L. Perry.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary E. Walton

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Perry.

(Address) 1410 E. Madison St.

Filed 4/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15/07 190

I HEREBY CERTIFY, That I attended deceased from Apr. 9th 1907 to April 14 1907

that I last saw her alive on April 14 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. L. Levy. M.D.

Address 733 Aisquith St

Date 4/16/07 190

Place of Burial Salisbury Cemetery

Date April 17 1907

Undertaker R. K. Gilbert

Address 506 Baker Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0260 Registered No. B .....

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 S. Patterson Park Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Weaver

{ Residence, if in Baltimore, Give Street and Number. } 420 S. Patterson Park Ave.

Duration of Residence in Baltimore. Life C.0260

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 3rd 1830

AGE 76 years, 8 months, 12 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Daniel Weaver

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eleanor Bigh

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss A Weaver

(Address) 420 S Patterson Place

Filed 4/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1907 to April 14 1907 that I last saw her alive on April 14 1907, and that death occurred, on the date stated above, at 12.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) 120 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave.

Date Apl 15th 1907

Place of Burial N.W. Object Cemetery

Date April 17th 1907

Undertaker John G. Saigel

Address 623 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0261

Registered No. B.....

City of Baltimore, (No. 1922, W. Fayette St.; 7th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Alexandrina Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 24 (Day) 1832 (Year)

AGE 74 years, 9 months, 21 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) France

FULL NAME OF FATHER Jean Bousquet

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Patronelle Bousquet

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs C. McDermott

(Address) 1922 W Fayette St

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 13th 1907 to April 15th 1907

that I last saw h~~e~~r alive on April 14th 1907,

and that death occurred, on the date stated above, at 12-45 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia — Heart failure

Exhaustion

(DURATION) 3 DAYS

Contributory

(DURATION) 3 DAYS

(Signed) Wm. Nicholas M. D.

April 15 1907 (Address) 30 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral Cem. | DATE OF BURIAL April 18 1907

UNDERTAKER John A. Saiger | ADDRESS 723 N Broadway

Ward 9 C 0262 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 429 S. Bond St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Rosa Jarocinska

{Residence, if in Baltimore, Give Street and Number.} 429 S. Bond St

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH —

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Jarocinski

(Address) 1908 Aliceanna St

Filed 4/17/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 18th 1907 to April 16th 1907

that I last saw her alive on April 13th 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis x

Valvular disease of Heart

about 6 Months (DURATION) DAYS

Contributory (Primary.)

Prostration (DURATION) 30 DAYS

(Signed) Chas L. Cuddenbohn M.D.

Address 418 N. Paca St.

Date April 17th 1907

Place of Burial St Stanislaus

Date April 18 1907

Undertaker Jacob Frallowski

Address 728 S. Bond.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0263

City of Baltimore, (No. 1824 Thomas Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Gessford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 — Year)

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Wolfden

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Lydia Strauss

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. B. Courts

(Address) 1824 Thomas Ave

Filed 4/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 3rd 1907 to Apr. 15th 1907

that I last saw her alive on Apr. 15th 1907,

and that death occurred, on the date stated above, at 1025 P. M. The CAUSE OF DEATH was as follows:

Bonila Pneumonia Complicated with Chronic Myocarditis & Albuminuria

(DURATION) 12 DAYS

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) Wm E Miller M. D.

Apl 15th 1907 (Address) 2239 Penna Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Apr 18 190 7

UNDERTAKER: Wm Coop — ADDRESS: 507 E North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. .....

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 203 E Jefferson Place St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Emma M. Hankins

{ Residence, if in Baltimore, Give Street and Number. } 203 E Jefferson Place

Duration of Residence in Baltimore. 4 years C.0207

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 12 1874

AGE: 33 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: James Hankins

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Lydia C Hoffman

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hankins

(Address) 203 E Jefferson Place

Filed 4/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h[illegible] alive on April 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

.....

Phthisis Pulmonalis (DURATION) DAYS

Contributory (Primary.) 3 mos.

(DURATION) DAYS

(Signed) Albert Leitheiser M.D.

Address 1818 N. Monto St

Date April 17 1907

Place of Burial Loudon Park

Date Apr 19 1907

Undertaker Wm Cook

Address 502 E Hoffman Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0265 Registered No. B .....

CERTIFICATE OF DEATH.

1201

(Place of Death.) No. 926 Little Pine Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hattie Ayers

{Residence, if in Baltimore, Give Street and Number.} 926 Little Pine Alley

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ——— 1871

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Henry Ayers.

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Hannah Webster

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Ayers.

(Address) 228 Richmond Alley

Filed 4/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 16th 1907.

I HEREBY CERTIFY, That I attended deceased from Apl 9th 1907 to Apl 16th 1907 that I last saw h[er] alive on Apl 15 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease (DURATION) 60 DAYS

Contributory (Primary) Cardiac Dropsy (DURATION) 60 DAYS

(Signed) Edward Gill Mackenzie M.D.

Address 1339 N North Ave

Date Apl 17th 1907

Place of Burial Mt Zion

Date April 18. 1907

Undertaker Alex Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 C 0266 Registered No. B

50 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary E Hess

{Residence, if in Baltimore, Give Street and Number.} 2466 York Road,

Duration of Residence in Baltimore. 30 years C 0266

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 3 1871

AGE: 35 years, — months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Cumberland Md

FULL NAME OF FATHER: Louis Wallschlager

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Herrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Hess

(Address) 2466 York Rd

Filed 4/17 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr - 13 1907

I HEREBY CERTIFY, That I attended deceased from Apr 10 1907 to Apr - 13 1907

that I last saw h alive on Apr 13 - 1907, 3 P.M. and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Diabetes

(DURATION) 365 DAYS

(Signed) W. W. Stadler M.D.

Address Mt Homoeo Hospital

Date 4 - 13 - 1907

Place of Burial Loudon Pk

Date Apr 15 1907

Undertaker Robt T Innes

Address Bdway & Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0267 Registered No. B

CERTIFICATE OF DEATH.

151 ✓

(Place of Death.) No. 2122 Division St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theophalus Holt Carter.

{ Residence, if in Baltimore, Give Street and Number. } 2122 Division St

Duration of Residence in Baltimore. all life

C. 0267

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: February 2 1907

AGE: ..... years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): 208 Gold St City

FULL NAME OF FATHER: James D. Carter

BIRTHPLACE OF FATHER (State or country): A. A. Co. Md.

MAIDEN NAME OF MOTHER: Sallie Taylor

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Carter

(Address) 2122 Division St.

Filed 4/17/07 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16 1907

I HEREBY CERTIFY, That I attended deceased from April 9 1907 to April 16 1907 that I last saw h-- alive on April 15 1907, and that death occurred, on the date stated above, at 4:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus (DURATION) ..... DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Caray St

Date April 17 1907

Place of Burial Mt Auburn

Date April 17th 1907

Undertaker Felix R Pye

Address 102 E Fulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

19 v

Place of Death. No. 1306 Rutter St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name annie Hatton

{Residence, if in Baltimore, Give Street and Number.} 1306 Rutter St

Duration of Residence in Baltimore. 18 months C. 0268

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harry Thomas

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Young

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Holton

Address 1306 Rutter St

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 16 1907 that I last saw h[illegible] alive on April 16 1907, and that death occurred, on the date stated above, at 10 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

asthma Dropsy

accidental

(DURATION) 6 DAYS

Contributory (Primary) Heart

2 months (DURATION) 5 DAYS

(Signed) G.W. Remmack M.D.

Address 708 Conar St

Date April 17 1907

Place of Burial Stone Wharf St Mary Colrd

Date April 18 1907

Undertaker Felix B Pye

Address 162 C Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 1514

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Coates

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life C 02609

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Col

DATE OF BIRTH Feb. 23 1907

AGE — years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. McElwaine

(Address) 2005 Madison Ave.

Filed 4/17 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 28 1907 to Apr. 16 1907 that I last saw h[illegible] alive on Apr. 15 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 04 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. McElwaine M.D.

Address 2005 Madison Ave

Date Apr. 16 1907

Place of Burial Cathedral Cemetery

Date Feby 18 1907

Undertaker Felix R Pye

Address 1022 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0270 Registered No. B C 0270

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Kanuck

{Residence, if in Baltimore, Give Street and Number.} 1005 N Chapel St

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kocomanuk

(Address) 1005 N Chapel St

Filed 4/17/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to April 16 1907

that I last saw h[illegible] alive on April 16 1907

and that death occurred, on the date stated above, at 5:25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of cervical glands.

Generalized Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hospital

Date April 16 1907

Place of Burial Oak Hill Cemetery

Date Thursday April 18 1907

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

15 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0271

City of Baltimore, (No. 619, 1st Ave (Hampden) St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm L E Day

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr (Month) 16 (Day) 1907 (Year)

AGE: ____ years, ____ months, 8 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ____

BIRTHPLACE (State or country): 619 First Ave

FULL NAME OF FATHER: Wm L Day

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Edna Pocock

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L Day

(Address) 619 1st Ave

Filed 4/17/ 190 7

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 16 190 7 to Apr 17 190 7

that I last saw h— alive on Apr 16 190 7,

and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Lack of Vitality about
(7 mos) Mother-Had 8 hours
(Placenta Previa) (DURATION) DAYS

Contributory ____
(DURATION) DAYS

(Signed) Wm H. Ford Duncan M.D.

Apr 17 190 7 (Address) 808 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Apr 18 190 7

UNDERTAKER: C A + P Kilbin — ADDRESS: 1711 Md Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 0272 Registered No. B 1764

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Smith Watson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: 1	
AGE: 45 years ..... years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Apr 17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 2[illegible] 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] to cause death 190..

that I last saw h[illegible] alive on ..... 190.....

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from
ragor wound in neck -
Murder

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Benj. D. Stapleton Coroner M.D.

Address 216 N. Carolina St

Date Apr. 17, 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 17 1907 190..

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

110

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 C 0273 Register No. D.....

CERTIFICATE OF DEATH. C 0273

(Place of Death.) No. 1201 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza W. Bolton

{Residence, if in Baltimore, Give Street and Number.} 1201 N. Broadway

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH March 12th 1820

AGE 87 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Kentucky

FULL NAME OF FATHER John B. Whitman

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Eliza Cook

BIRTHPLACE OF MOTHER (State or country) Kentucky

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Bolton

(Address) 1201 N. Broadway

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1906 to April 16th 1907 that I last saw h[illegible] alive on April 16th 1907 and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

4 Monthes (DURATION) DAYS

Con'ributory (Primary.) None but ordinary debility & old age (DURATION) — DAYS

(Signed) John H. Bolton M.D.

Address 120 N. Gay St

Date April 19th 1907

Place of Burial Lorraine Cemetery

Date April 18th 1907

Undertaker A. Fink & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 0274 Registered No. B ... C ...

CERTIFICATE OF DEATH. 19V

(Place of Death.) No. 1904 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susanna B Francisco

{Residence, if in Baltimore, Give Street and Number.} 1904 N Monroe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 18th 1863

AGE: 40 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Joseph Francisco

BIRTHPLACE OF FATHER (State or country): Francisco from Germany

MAIDEN NAME OF MOTHER: Esther Bloom

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ~~Elec~~ Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Francisco

(Address) 1904 N Monroe St.

Filed 4/17/07 190 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

sudden Accidently (DURATION) ... DAYS

Contributory (Primary)

... (DURATION) ... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lafayette Ave, City

Date April 16th 1907

Place of Burial Loudon Park Cemetery

Date APR 18 1907 190 ...

Undertaker J Elmer & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

1607

CERTIFICATE OF DEATH.

(Place of Death.) No. Patterson park St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Lamm

{Residence, if in Baltimore, Give Street and Number.} 610 Aisquith

Duration of Residence in Baltimore. 22 yrs C.D.Z.N.Y.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	..... 1.....
AGE	48 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Lamm

(Address) 610 Aisquith St

Filed 4/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to = 190

that I last saw h — alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Suicide

Pistol wound

.....(DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 321 N Greene St

Date ..... 190 .....

Place of Burial Hebrew Friendship Cem

Date April 19 th 1907

Undertaker David Southerin

Address 923 Madison St

WM. J. C. DULANY CO., BALTIMORE.

923 Madison

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 0276

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J. Thomas

{ Residence, if in Baltimore, Give Street and Number. } Sparrow Point

Duration of Residence in Baltimore. In Hospital 11 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. Gen. Hospital

(Address)

Filed 4/17/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 15th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

"Heart Failure", and

Exhaustion following

Amputation of Thigh

(Died 6 hours after operation. Sepsis having set in, from anaesthesia) (DURATION) 12 DAYS

Contributory (Primary.) Accidental fall

While at work (DURATION) 1 DAYS

(Signed) Silas Balcomb M.D.

Address 700 Laf. Av. (Corner)

Date April 16th 1907

Place of Burial Blackstone Va

Date April 17 1907

Undertaker Chamberlain & Co.

Address 715 Light.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... Registered No. B .....

C 0277

CERTIFICATE OF DEATH.

19

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Megrow Megrow

{Residence, if in Baltimore, Give Street and Number.} 34 S. High St.

Duration of Residence in Baltimore... 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Wolf Israelson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Mickelson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Abraman

(Address) 340 High st

Filed 4/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/17/ 1907

I HEREBY CERTIFY, That I attended deceased from 12/14 1906 to 4/17/ 1907 that I last saw her alive on 4/17/ 1907, and that death occurred, on the date stated above, at 1p.m.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Mitral regurgitation (DURATION) DAYS

(Signed) J. P. Knowles M.D.

Address 2 nw. 7 hosp.

Date 4/17/ 1907

Place of Burial Philip Rd Rodgers Dale

Date April 18, 1907

Undertaker Mortlessinger

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0278 Registered No. B .....

CERTIFICATE OF DEATH.

157 V

(Place of Death.) No. St Paul Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh Knight

{Residence, if in Baltimore, Give Street and Number.} St Paul Infirmary,

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 12 1907

AGE ..... years, 1 month, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. P. Infy

Filed 4/17 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 15 1907

that I last saw h[illegible] alive on April 14 1907

and that death occurred, on the date stated above, at 3 a m.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1220 N Caroline

Date 4/17 1907

Place of Burial New Cathedral

Date April 18th 1907

Undertaker Martin Dulany's Sons

Address 618 Cathedral St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 0279 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No St. Vincent. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine Bray

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: Feb 26 1907	
AGE: ..... years, 1 month, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: ✓	
BIRTHPLACE OF FATHER (State or country): ✓	
MAIDEN NAME OF MOTHER: ✓	
BIRTHPLACE OF MOTHER (State or country): ✓	
OCCUPATION OF DECEASED: ✓	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. City

Filed 4/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 14 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to Apr 14 1907 that I last saw h- or alive on Apr 14 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Edd Hayward M.D.

Address 1230 N Caroline

Date 4/16 1907

Place of Burial New Cathedral

Date April 18th 1907

Undertaker Martin Fahey & Sons

Address 206 Lafayette ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 151

CERTIFICATE OF DEATH.

Place of Death.) No. St Vincent Inf. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Brown

{ Residence, if in Baltimore, Give Street and Number. } St V. Inf Asy

Duration of Residence in Baltimore. Lifetime C0280

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Apr 1 1907

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): N Carolina

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. Inf Asy

Filed 4/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16 1907

I HEREBY CERTIFY, That I attended deceased from Apr 5 1907 to Apr 16 1907 that I last saw h.. alive on Apr 16 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) Cancer Weakness

(DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Carlton

Date 4/17 1907

Place of Burial New Cathedral

Date April 18th 1907

Undertaker Wm. J. Dulany & Sons

Address 116 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6251 Registered No. B 1514

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Inf Asy, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Rainey,

{Residence, if in Baltimore, Give Street and Number.} St Vincent. Inf Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Mch 19th 1907
AGE	..... years, ... months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 4/17 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 19 1907 to Apr 16 1907 that I last saw h~~im~~ alive on Apr 16 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 Carlton St

Date 4/17 1907

Place of Burial New Cathedral

Date April 18th 1907

Undertaker Martin Palmer Co

Address 636 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 0252

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 405 E 24th St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Baldwin

{ Residence, if in Baltimore, Give Street and Number. } 405 E. 24th St

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Annapolis.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Sommer

(Address) 405 E 24th

Filed 4/18 190 7

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to April 16 1907 that I last saw h[illegible] alive on April 12 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema Lungs.

(DURATION) 6 DAYS

Contributory (Primary.) (Heart Disease) Mitral regurgitation (DURATION) 9 months DAYS

(Signed) Edmund Gibbs M.D.

Address 316 E. North Ave

Date April 17 1907

Place of Burial Annapolis Md

Date Apr 18 1907

Undertaker Wm Cook Co

Address 502 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 0283 Registered No. C 0283

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harris Katzenoffsky

{ Residence, if in Baltimore, Give Street and Number. } 214 N Carlin st

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Morris Katzenoffsky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Brodie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1907

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to April 17 1907 that I last saw h in alive on April 17 1907; and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis
Complicated Ventral
Hernia

..... (DURATION) ..... DAYS

Contributory (Primary) Pneumonic
Phthisis (DURATION) ..... DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date April 17 1907

Place of Burial Philips Rd Road Kensington

Date April 18 1907

Undertaker Max Levinson

Address 1626 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 0284 Registered No. [illegible] 66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 823 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Lee Reynolds

{Residence, if in Baltimore, Give Street and Number.} 823 N. Calhoun st

Duration of Residence in Baltimore, 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH March 25 1855

AGE 52 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence B. Reynolds

(Address) 823 N. Calhoun St

Filed 4/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday, Apl 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 29th 1907 to Apl 16th 1907

that I last saw h~~im~~ alive on Apl 15th 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) Several DAYS

Contributory (Primary.) Paralysis (DURATION) 17 DAYS

(Signed) A. Welch M.D.

Address 607 N. Charles St.

Date Apl 17th 1907

Place of Burial London Park Cem

Date April 18- 1907 190

Undertaker Chas E. Frazier

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0285

City of Baltimore, (No. 1325, Myrtle Ave ~~St.~~, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew B McLaughlin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Sept 23rd (Month) (Day) 1837 (Year)

AGE: 69 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm McLaughlin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa McLaughlin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs McLaughlin

(Address) 1325 Myrtle Ave

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 15 1907

that I last saw him alive on April 15 1907,

and that death occurred, on the date stated above, at 11 30 P.M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 3 DAYS

Contributory Don't Know

(DURATION) DAYS

(Signed) Robert K Kneas M. D.

April 16 1907 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: ~~Loudon Park~~ Greenmount Cem — DATE OF BURIAL: April 18 1907

UNDERTAKER: M Fahey & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0286

City of Baltimore, (No. 2139 W. North ave., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert L. McAllister

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 13 1879 (Month) (Day) (Year)

AGE: 27 years, 8 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas B. McAllister

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Angelica Hoover

BIRTHPLACE OF MOTHER (State or country): District of Columbia

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. McAllister

(Address) 2129 W. North ave.

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to April 16 1907 that I last saw him alive on April 16 1907, and that death occurred, on the date stated above, at 5.55 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of the Lungs

about 6 years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Wm. Grant M. D.

April 16 1907 (Address) 2104 W. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 18th 1907

UNDERTAKER: H. Fahey & Son

ADDRESS: 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0287

City of Baltimore, (No. 207 Rogers ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Galloway

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Cynthia Galloway

BIRTHPLACE OF FATHER (State or country): Eastern Shore Md

MAIDEN NAME OF MOTHER: Adela James

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adela James

(Address) 207 Rogers Ave

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 4/15 1907 to 4/15 1907

that I last saw h[illegible] alive on ..... 190..,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pneumonia-
Bronchial

One week (DURATION) ..... DAYS

Contributory asthenia

one day (DURATION) ..... DAYS

(Signed) A. J. Fordham M. D.

4/17 1907 (Address) 918 E. Fayette st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Lyon Cemetery — DATE OF BURIAL: April 18 1907

UNDERTAKER: R. McE. Elliott — ADDRESS: 5[illegible]6 Pine st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 V

CERTIFICATE OF DEATH.

Registered No. B C 0288

City of Baltimore, (No. 1316, W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joshua Parsons

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December (Month) 22nd (Day) 1820 (Year)

AGE: 86 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Michael C. Parsons

BIRTHPLACE OF FATHER (State or country): St. Marys Co. Md

MAIDEN NAME OF MOTHER: Elizabeth Haywood

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

OCCUPATION OF DECEASED: Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Williamson

(Address) 1316 W. Lexington St.

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 13th 1907 to April 15th 1907 that I last saw him alive on April 15th 1907, and that death occurred, on the date stated above, at 9.50 a. m. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease

(DURATION) 33 DAYS

Contributory

(DURATION) DAYS

(Signed) Charles Lee M. D.

1907 (Address) 1111 W. Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: David Ridge Cem'y

DATE OF BURIAL: April 18 1907

UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 C 0289 Registered No. B

CERTIFICATE OF DEATH. 646

(Place of Death.) No. 827 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Engel

{Residence, if in Baltimore, Give Street and Number.} 827 S Bond

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Nov 3 1874

AGE: 32 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Heinrich Engel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lena Bauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C

(Address) 827 S Bond St

Filed 4/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1907

I HEREBY CERTIFY, That I attended deceased from April 2nd 1907 to April 17th 1907

that I last saw him alive on April 13 1907, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

1 wk (DURATION) DAYS

Con'tributory (Primary.) Coma

(DURATION) DAYS

(Signed) Charles A Reese M.D.

Address 619 Patterson Park Ave

Date April 17 1907

Place of Burial Greenmount

Date April 20 1907

Undertaker Louis Hemmer

Address 618 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 0290 Registered No. B C 0290

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 1742 E Preston St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elizabeth Tamm

{Residence, if in Baltimore, Give Street and Number.} 1742 East Preston St.

Duration of Residence in Baltimore. about 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Jan. 6th 1823

AGE 84 years, 3 months, 12 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — Hahn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. G. Hommes

(Address) 1742 E. Preston St

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1907 to April 16 1907 that I last saw h-- alive on April 16, 1907, and that death occurred, on the date stated above, at 5-15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Con'tributory (Primary.) Old age

Three Months (DURATION) DAYS

(Signed) J. N. White M.D.

Address Glyndon, Md.

Date April 17th 1907

Place of Burial [illegible]

Date 4/19 1907

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0291 Registered No. ..... 50 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 2039 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Binyon

{Residence, if in Baltimore, Give Street and Number.} 2039 E. Lombard St

Duration of Residence in Baltimore. Lifetime C 0291

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 22nd 1845

AGE: 61 years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William W. Binyon

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ann North

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. S. H. Sprague

(Address) 2039 E. Lombard St.

Filed 4/18 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 17th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Apr 17 1907 that I last saw h[er] alive on Apr 17 1907, and that death occurred, on the date stated above, at 8.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Diabetes

(DURATION) DAYS

(Signed) O. E. Larrimore M.D.

Address 2040 E. Pratt St

Date Apr. 17th 1907

Place of Burial Greenmount Cemetery

Date April 19th 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esta Danzansky

{Residence, if in Baltimore, Give Street and Number.} 1624 E Fayette St

Duration of Residence in Baltimore. Life

C.0292

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec. 13 1904
AGE	2 years, 4 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Barney Danzansky
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Nettie Reichgut
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Danzansky

(Address) 1624 E. Fayette st

Filed 4/18 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 18 1907

I HEREBY CERTIFY, That I attended deceased from Mch 25 1907 to Apr 18 1907 that I last saw h[er] alive on Apr 17 1907, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Hæmoleimesis

(DURATION) DAYS

Contributory (Primary.) Pleurisy & Lobar Pneumonia (DURATION) 3 Wks DAYS

(Signed) Chas. J. Bloch M.D.

Address 13-23 W Belvedere

Date Apr 18 1907

Place of Burial Hebrew Philips Rd Balto Co

Date April 18 1907

Undertaker Wm. Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. D

CERTIFICATE OF DEATH.

1206

(Place of Death.) No. 1386 Hughes Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James L. Douglass

{ Residence, if in Baltimore, Give Street and Number. } 138 Hughes Ave.

Duration of Residence in Baltimore. Eighteen C.0293

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 46 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	James Douglass
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Mary J. Heaney
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J. Douglass

(Address) #138 N. Hughes Ave.

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 17" 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 16" 1907 to Apr. 17 1907

that I last saw h in alive on Apr. 16" 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) H. Reed Baughman M.D.

Address 1228 E. Chase

Date Apr. 17" 1907

Place of Burial LOUDON PARK APR 21 1907 Armstrong Dempsey Co. 715 Light Street

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 1724

CERTIFICATE OF DEATH.

(Place of Death.) No. in dock at foot of Frederick St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Andrew J. Mulstead

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Non-resident C.0294

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Est. 1842

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Mulstead

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Hamill

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. Delamar

(Address) 118 W. Mt. Royal Ave

Filed 4/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 16 1907

I HEREBY CERTIFY, That I attended deceased from Sudden 190 death to 190

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental drowning

(DURATION) — DAYS

Contributory (Primary,) accidental fall in dock (DURATION) — DAYS

(Signed) Benj. D. Stapleton M.D.

Address 216 S. Caroline St

Date Apr. 18 1907

Place of Burial Western Cemetery

Date April 18" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C 0298

27v

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Williams

{ Residence, if in Baltimore, Give Street and Number. } 327 Fremont St

C 0297

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Norfolk Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM

Filed 4/18/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to April 16 1907

that I last saw h[illegible] alive on April 16 1907,

and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date April 16 1907

Place of Burial Mt Auburn Cemetery

Date April 19 1907

Undertaker Geo H Hooper

Address 609 Lit[illegible] Pacific

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 0296 Registered No. B 112 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1457 Light St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Elizabeth Summons

{ Residence, if in Baltimore, Give Street and Number. } 1457 Light St

Duration of Residence in Baltimore. 38 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 1825

AGE: 81 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Dorchester Co. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md.

MAIDEN NAME OF MOTHER: Fraser.

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. Summons

(Address) 1457 Light St

Filed 4/18/1907 HARRY [illegible] ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to April 16 1907 that I last saw h[illegible] alive on April 16 1907, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirhosis of liver

(DURATION) 9 DAYS

Contributory (Primary.) Arterio-sclerosis

(DURATION) ? DAYS

(Signed) [illegible] M.D.

Address 435 E. Fort Ave

Date April 17 1907

Place of Burial Cedar Hill

Date April 18 1907

Undertaker Jos. Stumbeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 0297 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 Potter Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Buckingham

{Residence, if in Baltimore, Give Street and Number.} 725 Potter Ave

Duration of Residence in Baltimore. 13 years C 0297

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 12 1830

AGE 76 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll Co.

FULL NAME OF FATHER Johnson Stillman

BIRTHPLACE OF FATHER (State or country) Carroll Co

MAIDEN NAME OF MOTHER Miranda Nelson

BIRTHPLACE OF MOTHER (State or country) Carroll Co

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L E Buckingham

(Address) 725 Potter Ave

Filed 4/18/ 1907 W. ANDREWS CLERK

Registrar

Ut a.s.f.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 16 1907

that I last saw h[illegible] alive on April 16 1907,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart failure

(DURATION) DAYS

Contributory (Primary.) Acute indigestion (Gastric) (DURATION) 2 DAYS

(Signed) R B Norment M.D.

Address 354 3 Chestnut Ave

Date April 17th 1907

Place of Burial Westminster Md

Date Apr 19 190

Undertaker H S Marshall

Address 3539 Lodl Road

104 V

C 0297

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0298 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 Church Ln (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertie Simonson

{Residence, if in Baltimore, Give Street and Number.} 728 Church Ln

Duration of Residence in Baltimore. 20 yrs C 0298

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Feb 8 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Carroll Co

FULL NAME OF FATHER Joseph Simonson

BIRTHPLACE OF FATHER (State or country) Carroll Co

MAIDEN NAME OF MOTHER Ann Copes

BIRTHPLACE OF MOTHER (State or country) Carroll Co

OCCUPATION OF DECEASED Married Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Anderson

(Address) 728 Church Ln

Filed 4/18 1907 H. J. C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16 1907

I HEREBY CERTIFY, That I attended deceased from Apr 15 1907 to Apr 16 1907 that I last saw her alive on Apr 15 1907, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Apnea + Collapse

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis & Anas

Pneum. (DURATION) DAYS

(Signed) Wm. N. Freedman M.D.

Address 800 1st Ave

Date Apr 17 1907

Place of Burial Apr 18 1907

Date St Mary Cem

Undertaker A. S. Marshall

Address 2539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 0299 Register No. 930

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Veliko Karaloucheff

{Residence, if in Baltimore, Give Street and Number.} Immegrant

Duration of Residence in Baltimore.....

C.0299

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: April 17th 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singl

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: (Immigrant)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) 8 S. Gay St.

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 17 1907

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to April 17 1907

that I last saw him alive on April 17 1907

and that death occurred, on the date stated above, at 7.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ... DAYS

Contributory (Primary.) Pneumonia

(DURATION) ... DAYS

(Signed) Fred W Bourne M.D.

Address City Hospital

Date April 17 1907

Place of Burial St Evangelic Cemetery

Date April 19th 1907

Undertaker H. Sander Sons

Address 310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

936

(Place of Death.) No. 440 - East 23d St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Butler Green

{Residence, if in Baltimore, Give Street and Number.} 440 - East 23 St

C. 0300

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 440 E 23 st —

Filed 4/18/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 16 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 7 1907 to Apr. 15 1907

that I last saw h. alive on Apr 15 1907

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumania.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt G. Arundell M.D.

Address 424 - East 23 St

Date Apr. 16, 1907

Place of Burial Loudon Park

Date April 18th 1907

Undertaker P. T. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 917 E. Lombard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Ida Liscovitz

{ Residence, if in Baltimore, Give Street and Number. } 917 E Lombard St.

Duration of Residence in Baltimore. 4 yrs.

C.0301

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Earrins Veronker

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fredie Levin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Rockind

(Address) 917 E Lombard st

Filed 4/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to April 18 1907 that I last saw h[illegible] alive on April 17 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Sarcomma

(DURATION) 1 mo DAYS

Contributory (Primary.) [illegible]haussk[illegible]

(DURATION) 2 DAYS

(Signed) [illegible] Stades M.D.

Address 121 Jackson Place

Date April 18th 1907

Place of Burial Hebrew Blair Road

Date April 18, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0302

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Spencer Turner

{ Residence, if in Baltimore, Give Street and Number. } 532 Tyson

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Saml Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Turner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Turner

(Address) 534 Tyson St

Filed 4/18 1907

HARRY C. [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 16 1907

that I last saw him alive on April 16 1907

and that death occurred, on the date stated above, at 3 am

11. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 W Franklin St

Date April 17 1907

Place of Burial New Cathedral

Date April 18 1907

Undertaker R. A. Elliott

Address 586 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 0303

(Place of Death.) No. 61 Jenkins Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin J. Murray

{ Residence, if in Baltimore, Give Street and Number. } 61 Jenkins Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 24 1906

AGE 2 years, months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) South Md

FULL NAME OF FATHER John Murray

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Gavin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Murray

(Address) 61 Jenkins Lane

Filed 4/18 1907 HARRY D. [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 17 — 1907

I HEREBY CERTIFY, That I attended deceased from ...1907... to ...1907...

that I last saw h... alive on ...1907...,

and that death occurred, on the date stated above, at 325

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Measles

(DURATION) DAYS

(Signed) Geo. H. Lamitter M.D.

Address Coroners Office

Date Apr 17 — 07 1907

Place of Burial Holy Cross

Date Apr. 19. 1907

Undertaker Wm Cook

Address 502 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 0304

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 S Collington Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Sarah E Kane

{ Residence, if in Baltimore, Give Street and Number. } 238 S Collington Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 15 1871

AGE: 36 years, 5 mon'ts, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel Daugherty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A. Barr

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. P. Kane

(Address) 238 S. Collington ave

Filed 4/18 190 7 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 16 " 1907

I HEREBY CERTIFY, That I attended deceased from Apr 6 " 1906 to Apr. 16" 1907 that I last saw her alive on Apr 15 1907 and that death occurred, on the date stated above, at 11.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.) Chronic

(DURATION) DAYS

(Signed) H Lee Francis M.D.

Address 1228 N. Charles St

Date 190

Place of Burial Bonnie Brae Cem

Date Apr. 19th 1907

Undertaker John A. Inman

Address Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0305

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1603, W Fayette St.; Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Shubkagel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Not given (Month) (Day) 1 (Year)

AGE: 60 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm. Shubkagel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Buckeen

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Butter-trade

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara M Shubkagel

(Address) 1603 W Fayette St

Filed 4/18 1907

HARRY J. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 14 1906 to April 15th 1907 that I last saw him alive on April 15th 1907, and that death occurred, on the date stated above, at 30 Gooch A.M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

about 12 Months (DURATION) — DAYS

Contributory Dropsy

about 5 Months (DURATION) DAYS

(Signed) A. C. Fox M. D.

Apl. 17th 1907 (Address) 313 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 19 1907

UNDERTAKER: Wm Cook

ADDRESS: 650 E Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0306

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1653 Fruitsbury pl St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hon. M. Bailey

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: m — COLOR: m —	DATE OF DEATH: April (Month) 17 (Day) 1907 (Year)
DATE OF BIRTH: Aug (Month) 10 (Day) 1851 (Year)	I HEREBY CERTIFY, That I attended deceased from Sept 1906 to April 17 1907
AGE: 55 years, 8 months, 6 days	that I last saw h im alive on April 17 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	and that death occurred, on the date stated above, at 12 35 P M. The CAUSE OF DEATH was as follows:
BIRTHPLACE (State or country): — —	
FULL NAME OF FATHER: John M Bailey.	Tuberculosis of the lungs —
BIRTHPLACE OF FATHER (State or country): —	(DURATION) 4 Yrs 7 DAYS
MAIDEN NAME OF MOTHER: Mary A. Hull	Contributory ..... (DURATION) ..... DAYS
BIRTHPLACE OF MOTHER (State or country): —	(Signed) Claude Stonesifer M. D.
OCCUPATION OF DECEASED: Plumber	April 17 1907 (Address) 765 Fulton
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
(Informant) Martha R Bailey	Former or Usual Residence ..... How long at Place of Death? ..... Days
(Address) 1653 Fruitsbury Place	Where was disease contracted, if not at place of death? .....
Filed ..... 190 ..... Registrar	PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr 20 1907
EARL O. ANDREWS, PERMIT CLERK.	UNDERTAKER: Wm Cook — ADDRESS: 502 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Filed 418

C 0307

CERTIFICATE OF DEATH.

794

(Place of Death.) No. 203 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas. P. Scully Jr.

{Residence, if in Baltimore, Give Street and Number.} 203 N. Fremont Ave

Duration of Residence in Baltimore. Life time C 0307

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Febuy 28 1873

AGE: 34 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas. P. Scully

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Bergen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ~~Driver~~ Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Joseph Scully

(Address) 741 W Balto St

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 18 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 2.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease,

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightcap M.D. Coroner

Address 211 W. Lanvale St.

Date April 18th 1907

Place of Burial St Peters Cemetery

Date April 20 1907

Undertaker Jos. Oberdeener. Son

Address 1217 S. Poca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Hermon Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E. Payne

{Residence, if in Baltimore, Give Street and Number.} 702 Lime st

Duration of Residence in Baltimore. Life

C 0308

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: ~~55~~ years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John Payne
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Payne

(Address) 802 Raborg St.

Filed 4/18 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at....

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 7 DAYS

Con'tributory (Primary.) Accidental fall of wall, upon which he was at work (DURATION) 7 DAYS

(Signed) Wm Buchanan M.D.

Address Too Lof. Av. (Coroner)

Date April 17th 1907

Place of Burial Mt. Auburn Cem.

Date April 21 1907

Undertaker John H. Bradwin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

85 ✓

(Place of Death.) No. 507 E. Barney St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Geo. E. Holmes

{Residence, if in Baltimore, Give Street and Number.} 507 E. Barney

Duration of Residence in Baltimore. Life

C 0309

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 11/06 1

AGE: ....years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Elmer Holmes

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Catherine Wagner

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer Holmes

(Address) 507 E. Barney

Filed 4/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1907

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to April 18 1907

that I last saw h[illegible] alive on April 18 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

Puerperal Eclampsia

(DURATION) 2 D

Contributory (Primary.)

(DURATION) DAY

(Signed) H. Eberhart M.D

Address 1412 Lyon St

Date April 18th 1907

Place of Burial Louden Park

Date 4/19/07 190

Undertaker J. Henry Hahn

Address 900 S Albans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0310

City of Baltimore, (No. 724 E. Fort Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert A. Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 20 (Day) 1847 (Year)

AGE: 60 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Allen

(Address) 724 E Fort ave

Filed 4/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 8th 190 to April 17 190 7

that I last saw h alive on April 17 190 7,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 8 DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) E. Michaux M. D.

April 18 190 7 (Address) 528 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 20 1907

UNDERTAKER: E. Schlosman & Sons

ADDRESS: 109 Hanover St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 E. Pratt. St. (If Death occurred in Hospital or Institution; give its Name instead of Street and Number.)

Full Name Fanny Mogol

{Residence, if in Baltimore, Give Street and Number.} 1426 E Pratt Street

Duration of Residence in Baltimore. 20 years

C.03 11

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Sept. 15 1885

AGE 21 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Russ Poland

FULL NAME OF FATHER Aban Mogol

BIRTHPLACE OF FATHER (State or country) Russ Poland

MAIDEN NAME OF MOTHER Sarah Schwartz

BIRTHPLACE OF MOTHER (State or country) Russ Poland

OCCUPATION OF DECEASED Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Whitehead bro

(Address) 1215 Madison Ave

Filed 4/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18. 1907

I HEREBY CERTIFY, That I attended deceased from September 1906 to April 18 1907

that I last saw her alive on April 17 1907,

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Anaemia — Neurotic Amenorrhea — Nervous Sleeplessness — Following Shock — Neurasthenia over year (DURATION) half DAYS

Contributory (Primary.) Neurasthenia Anaemia followed by Cerebral Effusion (DURATION) 14. DAYS

(Signed) Alfred Whitehead M.D.

Address 1215 Madison Avenue

Date April 18. 1907

Place of Burial Hebrew Washington D.C.

Date April 19, 1907

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0312

City of Baltimcre, (No. Notre Dame Asquith St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Cenouna Wuench

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 27 (Day) 1866 (Year)

AGE: 40 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Syracuse New York

FULL NAME OF FATHER: Bartholomew Wuench

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Geisselhart

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Religious (domestic)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Directress

(Address)

Filed 4/15 1907 HARRY C. ANDREWS, (PERMIT CLERK) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to Apr 17 1907 that I last saw her alive on April 16 1907, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 years DAYS

Contributory

(DURATION) DAYS

(Signed) Frances J. Smith M. D.

April 17 1907 (Address) 1106 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount (Private) | DATE OF BURIAL: April 18 1907

UNDERTAKER: A. Seink & Son | ADDRESS: 910 E. Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0313

City of Baltimore, (No. 114 W Mulberry St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cornelia C. Marshall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Worcester Co. Md

FULL NAME OF FATHER: ~~Cornelius~~ Charles E. Granger

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Samuel Ballard

(Address) 114 W. Mulberry St

Filed 4/10 1907

HARRY C. ANDERSON
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 17th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 13th 1907 to April 17th 1907 that I last saw her alive on April 17th 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Hemiplegia from cerebral hemorrhage due to arterial degeneration

(DURATION) 4 DAYS

Contributory arterial degeneration

(DURATION) 4 DAYS

(Signed) L. B. Evans M. D.

1907 (Address) 316 N. Paca St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 4/19 1907

UNDERTAKER: Wm J Schilling — ADDRESS: 204 W Mulberry

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 Addison Alley St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Elizabeth Schwalm. (SCHWALM)

{ Residence, if in Baltimore, Give Street and Number. } 104 Addison al.

Duration of Residence in Baltimore. 57 yrs

C. 0314

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE 57 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Bares

Address 104 Addison Alley

Filed 4/19/1907 HARRY C. ANDREWS CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17. 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 13. 1906 to April 17 1906

that I last saw h— alive on April 16. 1906.

and that death occurred, on the date stated above, at 4 P.

M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver

6 (DURATION) 6 Mths DAYS

Con'ributory (Primary.) Gleet

(DURATION) 1 DAYS

(Signed) C. H. Wilson M.D.

Address 1723 Holbrook

Date April. 17. 1907

Place of Burial London Park Cemetery

Date Apr. 19th. 1907

Undertaker William Cook

Address 503 E Northaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0315 Registered No. B C 0315

CERTIFICATE OF DEATH.

IV

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max MacHarvitz

{Residence, if in Baltimore, Give Street and Number.} 1131 E. Pratt St. City.

Duration of Residence in Baltimore. ? 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Europe.

FULL NAME OF FATHER: Mendle Machavitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Freeman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Greenfeld

(Address) 209 S Eden st

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 18th 1907 that I last saw him alive on 7.00 P.M. 1907 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(Perforation of intestine)

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Peritonitis

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address .....

Date April 18 1907

Place of Burial Johns Hopkins Philip Bel Mem Run

Date April 19, 1907

Undertaker Max Levinson

Address 1626 N. Eden st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. D

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1749 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie K. Wiseman

{Residence, if in Baltimore, Give Street and Number.} 1749 N. Gay St.

Duration of Residence in Baltimore. Life

0.0316

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 26th 1883

AGE: 23 years, 6 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Mayo

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Victoria Sachs

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H. Wiseman

(Address) 1749 N. Gay St.

Filed 4/19/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Apr 16th 1907

that I last saw her alive on Apr 16 1907

and that death occurred, on the date stated above, at 10.47 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ? DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ? Days.

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date Apr 17th 1907

Place of Burial Holy Redeemer

Date April 20th 1907

Undertaker Geo. M. Fink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Register ...

1191 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Chesley

{ Residence, if in Baltimore, Give Street and Number. } 1114 Stockton St.

Duration of Residence in Baltimore. Life

C 0317

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Cd
DATE OF BIRTH Feb 1905	
AGE 2 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Solomon Chesley
BIRTHPLACE OF FATHER (State or country)	St Marys Co
MAIDEN NAME OF MOTHER	Alice Penn
BIRTHPLACE OF MOTHER (State or country)	St Marys Co
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Chesley

(Address) 1114 N Stockton Street

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 19 1907

I HEREBY CERTIFY, That I attended deceased from Apr 5 1907 to Apr 19 1907

that I last saw her alive on Apr 14 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 2 weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jennie Eblaugh M.D.

Address 1701 Pine Ave

Date Apr 19 1907

Place of Burial Mt Johns

Date April 20th 07 1907

Undertaker Solomon Knights

Address 1364 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Eselmann

{ Residence, if in Baltimore, Give Street and Number. } 130 W Lee St

Duration of Residence in Baltimore. 58 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16th 1830

AGE 76 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Foos

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kate Leffard

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Eselmann

(Address) 130 W. Lee St.

Filed 4/19/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1907

I HEREBY CERTIFY, That I attended deceased from January 15 1907 to April 17 1907 that I last saw her alive on April 16 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the heart a Dropsy

(DURATION) 3 Mos

Contributory (Primary.) Grenade

Debility (DURATION) 3 Mos

(Signed) Otto Reinhardt M.D.

Address 1017 So. Charles St

Date April 17 1907

Place of Burial Western Cemetery

Date April 19 1907

Undertaker Randall Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0319 Registered No. B

81 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 256 N Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sidney Barton

{Residence, if in Baltimore, Give Street and Number.} 256 N Schroeder St

C 0319

Duration of Residence in Baltimore. 10yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown

AGE 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W A Brooke

(Address) 256 N Schroeder St

Filed 4/19/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 17 1907 that I last saw him alive on April 17 1907 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Degeneration

Heart & Arteries

10yrs (DURATION) DAYS

Contributory (Primary.) Uraemia

1 day (DURATION) DAYS

(Signed) T Norwood M.D.

Address 923 W Fayette St

Date April 17 1907

Place of Burial Mt Auburn Cemetery

Date April 19 1907

Undertaker R E Galliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Thomas

{ Residence, if in Baltimore, Give Street and Number. } 904 Druid Hill av.

C 0320

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Colored

DATE OF BIRTH: Unknown 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. Gen. Hospital

(Address) .....

Filed 4/19/ 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907

I HEREBY CERTIFY, That I attended deceased from .....190.... to .....190....

that I last saw .....alive on .....190....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cystitis

..... (DURATION) 8 DAYS

Con'tributory (Primary.) accidentally burnt lighting a fire (DURATION) ..... DAYS

(Signed) Lucas Baldwin M.D.

Address 1111 Log. av. (Govans)

Date April 18th 1907

Place of Burial Mt Auburn

Date Apr 20 1907

Undertaker Edw Stanley

Address 537 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 0321 Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth A Kinney

{Residence, if in Baltimore, Give Street and Number.} Easton, Md

C 0321

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: W. J. Marvel

BIRTHPLACE OF FATHER (State or country): Del

MAIDEN NAME OF MOTHER: Mary E. Willoughby

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Marvel

(Address) 728 Dolphin St

Filed 4/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 18th 1907

I HEREBY CERTIFY, That I attended deceased from April 15th 1907 to April 18th 1907 that I last saw h[illegible] alive on April 18 1907, and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) ..... DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date April 19th 1907

Place of Burial Oxford Talbot Co Md

Date April 19th 1907

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

153 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 S Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Cooper

{ Residence, if in Baltimore, Give Street and Number. } 123 S Dallas

Duration of Residence in Baltimore. Life

C 03220

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City Baltimore

FULL NAME OF FATHER George Cooper

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Boles

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Boles

(Address) 123 S. Dallas St

Filed 4/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Culver M.D.

Address 320 N Greene St

Date April 19 1907

Place of Burial Evergreen Cemetery

Date April 19 1907

Undertaker Theodore White

Address 1702 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1131 N Parrish Alley St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Samuel Johnson

{Residence, if in Baltimore, Give Street and Number.} 1131 N Parrish Alley.

Duration of Residence in Baltimore. 20 yrs (?)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH unknown

AGE 68 ? years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) unknown

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gross

(Address) 192 Fremont St.

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 — 1907

I HEREBY CERTIFY, That I attended deceased from Apr 14th 1907 to Apr 17th 1907 that I last saw h[im] alive on 17th 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Debility.

unknown (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) J B Hughes M.D.

Address 705 George St

Date April 18 1907

Place of Burial Mount Auburn

Date April 19 1907

Undertaker John H Dennis & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613. E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Brent

{Residence, if in Baltimore, Give Street and Number.} 1613. E. North ave

Duration of Residence in Baltimore.

C 0324

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 19. 1850

AGE: 56 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Thomas Carbnail

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Ellen Grouyb

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Brent

(Address) 1613 E North ave

Filed 4/19/07 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 — 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 8 — 1905 to April 17 — 1907 that I last saw h er alive on Mar. 7 — 1907. and that death occurred, on the date stated above, at 7-35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary hemorrhage

15 minutes (DURATION) DAYS

Contributory (Primary.) Asthma

About 2 years (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date April 17 — 1907.

Place of Burial Druid Ridge Cemetery

Date April 20th 1907

Undertaker Evans & Spence

Address 118 & 120 W Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 1126 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn May Pyland

{ Residence, if in Baltimore, Give Street and Number. } 1126 Leadenhall St.

C 0325

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: April 12 1907

AGE: — years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Harry R. Pyland

BIRTHPLACE OF FATHER (State or country): Cambridge, Md.

MAIDEN NAME OF MOTHER: Mamie H. Cannon

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry R. Pyland

(Address) 1126 Leadenhall St

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 18 1907 that I last saw h[er] alive on April 18 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

at 7th month fetus

(DURATION) DAYS

Contributory (Primary.) Congenital Debility

(DURATION) 6 DAYS

(Signed) Robt. P. G. Schmidt M.D.

Address 1315 St. Charles St.

Date April 19 1907

Place of Burial Cedar Hill

Date April 19th 1907

Undertaker Jos. Stumbaugh

Address 818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 West Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecelia Koch

{Residence, if in Baltimore, Give Street and Number.} 1120 West Fayette St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	August 3rd 1829
AGE	77 years, 8 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Maximillian Carmelien
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Geo H. Stewart

(Address) 1120 W. Fayette St

Filed 4/19/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from April 6- 1907 to Apl. 18- 1907

that I last saw h[illegible] alive on Apl - 18- 1907,

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Influenza - Senile Debility

(DURATION) 12 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) Suddenly

(Signed) Henry C. Chew M.D.

Address 1203 W. Fayette St

Date Apl - 18- 1907

Place of Burial Holy Redeemer

Date April 22- 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette ea

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0327

City of Baltimore, (No. 208 N. Schroeder St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine Kettenbach

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1883 (Year)

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: John Nowell

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary A Titterington

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry A Kettenbach

(Address) 208 N. Schroder

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 24 1907 to April 17 1907 that I last saw h 24 alive on April 17 1907, and that death occurred, on the date stated above, at 2 30 P.M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) DAYS

Contributory Phthisis Abdominalis

(DURATION) DAYS

(Signed) J. F. Laws M. D.

April 18 1907 (Address) 933 N. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: April 20 1907

UNDERTAKER: Geo J Smith & Co | ADDRESS: 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0328

City of Baltimore, (No. 1612 Harford Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Reizi Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 25 (Day) 1 (Year)

AGE: 33 years, months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Charles Reizi

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Wack

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Harness maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Reizi

(Address) 1612 Harford Ave

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 17 1907 that I last saw him alive on April 17 1907, and that death occurred, on the date stated above, at 5.45 P. M. The CAUSE OF DEATH was as follows:

Uraemic Convulsions due to Chronic Bright's Disease with arterial Sclerosis several years (DURATION) DAYS

Contributory Hemorrhage from Kidneys (DURATION) 5 DAYS

(Signed) G. C. E. Gorter M.D.

April 18 1907 (Address) 1232 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: April 21st 1907

UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.C. 0329

City of Baltimore, (No. 508, N. Bethel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arabell Frisby

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH (Month) (Day) (Year)	1892
AGE	15 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Steven Frisby
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Ellen Thomas
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Frisby

(Address) 508 N. Bethel

Filed 4/19 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 13th 1907 to April 17th 1907 that I last saw her alive on 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 10 DAYS

Contributory Phthisis Pulmonalis about a year (DURATION) DAYS

(Signed) J. L. Wanner M. D.

4-18 1907 (Address) 1735 Bank

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	April 20th 1907
UNDERTAKER	ADDRESS
D A Elliott	502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1704 Sherman Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Bradford

{ Residence, if in Baltimore, Give Street and Number. } 1704 Shermans Ave.

Duration of Residence in Baltimore. 10 years.

C 0723

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col.

DATE OF BIRTH: unknown

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Bagley

(Address) 2142. 22

Filed 4/19/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1907

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to April 16 1907

that I last saw him alive on April 16 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia. Paralysis of Heart. Failure Due to (Auto-intoxication.)

(DURATION) 10 DAYS

Contributory (Primary.) Croupous Pneumonia

Auto-Infection (DURATION) 16 DAYS

(Signed) Newton Bagley M.D.

Address Maryland. Ave

Date April 19 1907

Place of Burial Washington Cem

Date April 19 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Albert Downey

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C.0331

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH	1
AGE	87 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 18 1907 that I last saw h im alive on April 18 1907, and that death occurred, on the date stated above, at 5-40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Uraemia

Cystitis Sclerosis

Hypostatic Pneumonia (DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) R R Konig M.D.

Address Bay View Hospital

Date April 19 1907

Place of Burial Mt Auburn

Date April 20 1907

Undertaker Alex H Emmart

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1918 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Luther S Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 2038 Gough St

Duration of Residence in Baltimore. Life

C 0332

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 14th 1843

AGE 63 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City Baltimore

FULL NAME OF FATHER James Mitchell

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Mitchell

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura M. Mitchell

(Address) 2038 Gough St

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 330 N Greene St

Date 190

Place of Burial Bolton Cemetery,

Date April 19th 1907

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104 V

CERTIFICATE OF DEATH.

Registered No. B C 0333

City of Baltimore, (No. 2436 Maryland ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Henry Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 25 (Day) 1840 (Year)

AGE: 66 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J P B Jones.

BIRTHPLACE OF FATHER (State or country): Laurel Md

MAIDEN NAME OF MOTHER: Mary A. Bailey

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Jones

(Address) 2436 Md ave

Filed 4/19 1907

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to April 1907

that I last saw him alive on April 17th 1907,

and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Chronic Gastritis complicated with Bronchitis

Contributory (DURATION) 4 months DAYS

Contributory a previous attack of Pneumonia (DURATION) DAYS

(Signed) Geo N Cairnes M. D.

April 18th 1907 (Address) 21 E 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 18 1907

UNDERTAKER: E M Mitchell

ADDRESS: 120 W Fayette St

...acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his ...er last sickness, or the Coroner, when the case comes under his notice, to furnish within ***...nty-four hours after death***, to the ...ding the burial, a certificate setting forth, as far as the same ...er, or other person superintending t... be ascertained, the full name, se... lition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Cuny

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 0334

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 41 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Anne Rundell Co Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 4/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1907 to April 17 1907

that I last saw h alive on April 17 1907,

and that death occurred, on the date stated above, at 4.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Potts disease,

Morbus Coxarius

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date April 18 1907

Place of Death JOHNS HOPKINS HOSPITAL

Date APR 18 1907 190

Undertaker William H W Cooley

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

19

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Oldaker

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 0335

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 53 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Sweden	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 17 1907

that I last saw h... alive on April 17 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 17 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 18 1907 190

Undertaker William L. Woodall

Address 1811 Aisquith

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Matilda Inyers

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 0336

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM.

(Informant)

Lamar Hollyday, Supt.

(Address)

Filed 4/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 18 1907

that I last saw h.. alive on April 18 1907,

and that death occurred, on the date stated above, at 5-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum.

Date April 18 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 18 1907 190

Undertaker William H Woodall

Address 1711 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

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HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C.0327

CERTIFICATE OF DEATH.

Registered No. B C 0327

City of Baltimore, (No. 514, E 20th St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Annie Elizabeth Ricaud

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. (Month) 12 (Day) 1834 (Year)

AGE: 75 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Kent Co. Md.

FULL NAME OF FATHER: Thomas Miller

BIRTHPLACE OF FATHER (State or country): Kent Co Md.

MAIDEN NAME OF MOTHER: Sarah Miller Scott

BIRTHPLACE OF MOTHER (State or country): Queen Anne Co Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ricaud

(Address) 514 E 20th St

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1904 to April 17th 1907

that I last saw h[illegible] alive on April 16 1907,

and that death occurred, on the date stated above, at 10.30 a. m. The CAUSE OF DEATH was as follows:

Heart Failure

(DURATION) 1 DAYS

Contributory Endocarditis

(DURATION) — DAYS

(Signed) Chas. H Buck M.D.

April 18th 1907 (Address) 502 S 20th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Kent Co Md

DATE OF BURIAL: April 19 1907

UNDERTAKER: C A Wiedefeld

ADDRESS: 213 Guilford Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superinteuding the burial, a certificate settiug forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hosp. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alfred Burbon

{ Residence, if in Baltimore, Give Street and Number. } 412 Park Ave.

Duration of Residence in Baltimore... Life time C.0328

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alfred Borbon

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 18 1907

I HEREBY CERTIFY, That I attended deceased from Apr 17 1907 to Apr 18 1907 that I last saw him alive on Apr 18 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Hernia

(DURATION) 3 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) H. C. Irwin M.D.

Address St. Josephs Hosp.

Date Apr. 18 1907

Place of Burial New Cathedral

Date April 20 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0339

City of Baltimore, (No. 1114 N. Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nina A. Schad

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October (Month) 3 (Day) 1888 (Year)

AGE: 18 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Andrew J. Schad

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Sallie B. Tanner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice S. Parkhurst M.D.

(Address) 1418 Park Avenue

Filed 4/19 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to April 1907

that I last saw her alive on April 18 1907,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Alice S. Parkhurst M. D.

April 19 1907 (Address) 1418 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: April 21 1907

UNDERTAKER: Chas. E. Frances | ADDRESS: 146 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1943 W Mosher St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Reese Carr

{Residence, if in Baltimore, Give Street and Number.} 1943 Mosher st

Duration of Residence in Baltimore. Life

C.0240

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH Oct. 2 1874

AGE 32 years, 6 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Philip Moore Sluser

BIRTHPLACE OF FATHER (State or country) St. Louis Mo.

MAIDEN NAME OF MOTHER Maria L. Reigel

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annette Sluser

(Address) 1943 Mosher st

Filed 4/19/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to April 17 1907 that I last saw her alive on April 17 1907, and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

Six months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. N. McKelvey M.D.

Address 534 N. Longwood St

Date April 18 1907

Place of Burial Mount Ridge Cem

Date April 18 1907

Undertaker Chas. E. Franck

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91 V

Registered No. B C 0341

City of Baltimore, (No. 1723 Brentst St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jane Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 95 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) St Marys Co Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Cole

(Address) 1723 Brent St.

Filed 4/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April. 1902 to April 1907

that I last saw her alive on April 15 1907,

and that death occurred, on the date stated above, at 4:12 A. M. The CAUSE OF DEATH was as follows:

Old Age &
Chronic Bronchitis

Several Years (DURATION) — DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. B. Rhodes M. D.

April 18 1907 (Address) 817 Hanover Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cathedral Cemetery | DATE OF BURIAL April 21st 1907

UNDERTAKER Felix B Pye | ADDRESS 102 E Mulberry

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

167 L

(Place of Death.) No. 21 Harrison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Gardner

{ Residence, if in Baltimore, Give Street and Number. } 21 Harrison St

E. 0348

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1

AGE 3 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) ~~Baltimore~~ Russia

FULL NAME OF FATHER Kolman Gardner

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Adie Bennit

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Hyman

(Address) 120 Harrison st

Filed 4/19/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 18, 190

I HEREBY CERTIFY, That I attended deceased from Apr. 16 190 to Apr. 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Scalds

Typhoid (Left in pan of hot water)

(DURATION) 6 wks ~~DAYS~~

Contributory (Primary.) Ephemeritis

(DURATION) DAYS

(Signed) Benj. S. Hopkins M.D.

Address 216 E. Caroline ~~St~~

Date Apr. 18 190

Place of Burial Philip Sol Rosenbaum

Date April 19 190 7

Undertaker Max Levinson

Address 620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0343

City of Baltimore, (No. 439 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Brashears

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: Nov (Month) 6 (Day) 1853 (Year)

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Richard Brashears

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: 11

BIRTHPLACE OF MOTHER (State or country): 11

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Brashears

(Address) 439 W. Biddle St

Filed 4/19/1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 12, 1907 to Apr. 18, 1907 that I last saw h— alive on Apr. 18 1907, and that death occurred, on the date stated above, at 930 a. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia (DURATION) 6 DAYS

Contributory Acute dilitation of heart (DURATION) 2 DAYS

(Signed) D Grantzott M. D.

Apr 18 1907 (Address) 354 N. Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. | DATE OF BURIAL: April 21 1907

UNDERTAKER: Isaac Brown | ADDRESS: 565 Dolphin

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Stumpf

{Residence, if in Baltimore, Give Street and Number.} 15- E. Lexington St

Duration of Residence in Baltimore. 30 years - C.0344

PERSONAL AND STATISTICAL PARTICULARS

SEX Female - | COLOR White.

DATE OF BIRTH about 1842

AGE about 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Henry Stumpf

BIRTHPLACE OF FATHER (State or country) Cecil Co Md-

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Translater -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Langley

(Address) Md General Hospital

Filed 4/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to April 18 1907

that I last saw h er alive on April 18 1907,

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis.

(DURATION) 55 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 2 DAYS

(Signed) John M. Sanderson M.D.

Address Md General Hosp.

Date April 18 1907

Place of Burial Mt Olivet Cemetery

Date April - 21st 1907

Undertaker Wm H. Grauthoff

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 Cedar Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Hall

{ Residence, if in Baltimore, Give Street and Number. } 617 Cedar Court

Duration of Residence in Baltimore. Life

C. 0345

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH: November 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Never Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Brown

(Address) 617 Cedar Court

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

11. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

... (DURATION) ... DAYS

Con'tributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Sim Baldwin M.D.

Address 700 Log. av. (Govans)

Date April 17th 1907

Place of Burial Mt. Auburn Cem.

Date April 19 1907

Undertaker J. E. Bailey

Address 1107 W. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 Fell St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Eva Skyiski

{ Residence, if in Baltimore, Give Street and Number. } 917 Fell St

Duration of Residence in Baltimore. Life

C. 03146

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 6 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Michael Skyiski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Skyiski

(Address) 917 Fell St.

Filed 4/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18, 1907

I HEREBY CERTIFY, That I attended deceased from April 17 1907 to April 18 1907 that I last saw h[er] alive on April 17 1907, and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

about 1 year (DURATION) — DAYS

Contributory (Primary.)

Heart Exhaustion about (DURATION) 30 DAYS

(Signed) Gw Stellwagen M.D.

Address 1937 Gough St

Date April 19 1907

Place of Burial St. Mary's

Date Apr. 20" 1907

Undertaker Trudell Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Reider

{ Residence, if in Baltimore, Give Street and Number. } 118 N. Glover st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 45 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Balth. Hock

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophia Wolmacher

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Late Reider Michael Andrews

(Address) 918 N. Glover

Filed 4/19 1907

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 17 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Apr 17 1907

that I last saw h.. on or alive on Apr 17 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Stenosis

(DURATION) 5 mo DAYS

Contributory (Primary.) Ascites

(DURATION) 4 DAYS

(Signed) J. C. Blades M.D.

Address 121 Jackson St

Date April 17 1907

Place of Burial Holy Redeemer

Date Apr. 22 1907

Undertaker Trudell Dispeel & Son

Address 320 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 0348 Registered No. .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 5-00 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Hopkins

{Residence, if in Baltimore, Give Street and Number.} 5-00 N Bruce St

Duration of Residence in Baltimore. Twenty years

C 0348

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Apl. 15th 1881	
AGE: 26 years, — months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Wm. Hopkins	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Emily Valentine	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Porter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Valentine

(Address) 5-00 N Bruce St

Filed 4/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lee A Baldwin M.D.

Address Tw Log. av. (Corner)

Date April 19th 1907

Place of Burial Mt Auburn Cemetery

Date April 21st 1907

Undertaker Felix B Dye E.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

155 V

(Place of Death.) No. 3 Weyler St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred A. McMahon

{ Residence, if in Baltimore, Give Street and Number. } 3 Weyler St

Duration of Residence in Baltimore. 1yr.

0349

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	June 23 1884
AGE	22 years, 9 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Louisiana
FULL NAME OF FATHER	Weber
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McMahon (husband)

(Address) 3 Weyler St

Filed 4/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~im~~ alive on ~~1907~~

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Suicide by Carbolic Acid Poisoning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date April 19 1907

Place of Burial Mt. Olivet Cemetery

Date April 20th. 1907

Undertaker Daniel and Margaret E. Flynn

Address 42 East West Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Samuel Green

{Residence, if in Baltimore, Give Street and Number.} 1201 N. James St

Duration of Residence in Baltimore.

C. 0350

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Male / COLOR: Colored	DATE OF DEATH: April 18 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from March 22 1907 to April 18 1907
AGE: 42 years, months, days	that I last saw him alive on April 18 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Baltimore Md	Pulmonary Tuberculosis
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	(DURATION) DAYS
MAIDEN NAME OF MOTHER: —	Contributory (Primary.) Education
BIRTHPLACE OF MOTHER (State or country): —	(DURATION) DAYS
OCCUPATION OF DECEASED: Laborer.	(Signed) R R Vonnie M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address Bay View Hospital
(Informant) Lamar Hollyday, Supt.	Date April 18 1907
(Address) BAY VIEW ASYLUM	Place of Burial Laurel
Filed 4/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date April 21 1907
	Undertaker R F Elliott
	Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Mc. Nally

{ Residence, if in Baltimore, Give Street and Number. } 1714 West Lexington St

0351

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Mc Nally

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hughes

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Morris

(Address) 204 N Gilmor St

Filed 4/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from 4-17- 1907 to 4-19- 1907 that I last saw h alive on 4-19- 1907, and that death occurred, on the date stated above, at 6:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 6 DAYS

Contributory (Primary.) Chronic Bright's Disease (DURATION) unknown DAYS

(Signed) H. G. Branham M.D.

Address Franklin Square Hospital

Date April 19. 1907

Place of Burial New Cathedral

Date Apr 22nd 1907

Undertaker Jno B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Remove to 204 S Carey St

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1762

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen'l. Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John E. Stringfellow

{ Residence, if in Baltimore, Give Street and Number. } 314, 22½ st.

Duration of Residence in Baltimore. Five years

C 0352

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: Unknown 1

AGE: 28 years, ... mon'ts, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John L. Stringfellow

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Stringfellow

(Address) 314½, 22½ st

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Brain

(DURATION) 11 DAYS

Con'tributory (Primary) Blow on head with Lamp. (Unknown) (DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lap. av. (Corner)

Date April 20th 1907

August April 19th

Place of Burial Laurel Cemetery

Date April 21 1907

Undertaker R. S. E. Elliott

Address 506 Royes Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 6-353

(Place of Death.) No. 81 Darley Hartsdale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Wolas.

{ Residence, if in Baltimore, Give Street and Number. } 615 S Dallas

Duration of Residence in Baltimore. Life.

C-0353

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH 1

AGE 3 1/2 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John Wolas.

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Lou L. Known.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wolas.

(Address) 615 S. Dallas St

Filed 4/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 19. 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Burns of Body

(accidental)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred St Camerer M.D.

Address Apr 14 - 07.

Date Coroners M.D. 190

Place of Burial St Stanislaus

Date Apr 20 190 7

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 1 Regester St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Kulczynski

{ Residence, if in Baltimore, Give Street and Number. } 705 1 Regester

Duration of Residence in Baltimore. Life C.0354

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): East Brooklyn Md

FULL NAME OF FATHER: Joseph Kulczynski.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Victoria Aidakowska.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kulczynski.

(Address) 705 S. Wolfe St

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 19 1907

that I last saw h— alive on April 19 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 Bradley

Date April 19 1907

Place of Burial St Stanislaus

Date Apr 22 1907

Undertaker M J Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0355

City of Baltimore, (No. 2518 Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John R Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Annapolis.

FULL NAME OF FATHER: John R Watkins

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary S. Watkins

(Address) 2518 W Mosher

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12th 1906 to Apr 19th 1907

that I last saw him alive on Apr 18th 1907,

and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Exhaustion of old age

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Gilman Evans. M.D.

Apr 19 1907 (Address) 833 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr 22 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

41 V

(Place of Death.) No. ~~Franklin Sq. Hospital~~ Franklin Sq. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Lowry

{ Residence, if in Baltimore, Give Street and Number. } 5 Solomon Ave, Irvington — C 0350

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): St Marys County Md

FULL NAME OF FATHER: John Wm Lowry

BIRTHPLACE OF FATHER (State or country): St Marys County Md

MAIDEN NAME OF MOTHER: Mary Burch

BIRTHPLACE OF MOTHER (State or country): St Marys County Md

OCCUPATION OF DECEASED: Assistant Supt Insurance

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Adele Lowry

(Address) 53 London Ave

Filed 4/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1907 to Apl. 19, 1907

that I last saw him alive on Apr. 17, 1907

and that death occurred, on the date stated above, at 5:5[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer Intestine

(DURATION) Unknown DAYS

Contributory (Primary.) Cancer Intestine

(DURATION) Unknown DAYS

(Signed) A. G. Brandenburg M.D.

Address Franklin Sq. Hospital

Date ... 190

Place of Burial Annapolis Md

Date April 22nd 190[illegible]

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 3009 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Henshaw

{Residence, if in Baltimore, Give Street and Number.} 3009 Elliott St.

Duration of Residence in Baltimore. 8 year

C 0357

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 28 1830
AGE	77 years, 2 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Anne Arundel Co. Md.
FULL NAME OF FATHER	Lloyd Henshaw
BIRTHPLACE OF FATHER (State or country)	Anne Arundel Co. Md.
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie M. Henshaw Wife

(Address) 3009 Elliott St

Filed 4/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26th 1906 to April 18 1907 that I last saw h im alive on April 18 1907 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) 1 Year

Contributory (Primary.) Debility (DURATION) 3 Mos.

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date April 19th 1907

Place of Burial Dale Lawn Cemetery

Date April 22nd 1907

Undertaker H. E. Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C 0358 Registered No. B 1042

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 S. Caroline St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reverend William E. Herbert

{ Residence, if in Baltimore, Give Street and Number. } 10 S Caroline St

Duration of Residence in Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH [redacted]

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER Alvin C Herbert

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Sarah A Courtney

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Dry Goods Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Flora T Herbert Wife

(Address) 10 S Caroline St

Filed 4/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial Loudon Park

Date April 21st 1907

Undertaker H E Hughes

Address 17 & S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

164

(Place of Death.) No. Union Station Bld. Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond C Townsend

{ Residence, if in Baltimore, Give Street and Number. } Doney's Lane, Carroll P.O. Frederick Road, 9

Duration of Residence in Baltimore. about 10 yrs.

C.003

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	June 8 1885
AGE	17 years, 10 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto Co. Md
FULL NAME OF FATHER	Edward M. Townsend
BIRTHPLACE OF FATHER (State or country)	Balto Co Md
MAIDEN NAME OF MOTHER	Ida A. Cline
BIRTHPLACE OF MOTHER (State or country)	Balto Co. Md
OCCUPATION OF DECEASED	R.R. Lettsman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida A Townsend

(Address) Carroll P.O. Doney Lane

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Apr. 19 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Shock from having body mangled by train. (Accident)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D Hayden Coroner M.D.

Address 216 E Caroline

Date Apr. 20 1907

Place of Burial Mt. Olivet

Date April 21 1907

Undertaker Zurkler & Zurkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1813 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Weir

{ Residence, if in Baltimore, Give Street and Number. } 1813 Frederick Ave

Duration of Residence in Baltimore. 66 year

C. 0360

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 11 1841

AGE: 66 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jason Weir

(Address) 758 Ramsay St

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from April 11 1907 to April 17 1907

that I last saw him alive on April 17 1907

and that death occurred, on the date stated above, at 9.03 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Chronic Interstitial Nephritis & Mitral Insufficiency (DURATION) DAYS

(Signed) Walter F. Rowe M.D.

Address 1800 W Balto St

Date April 18 1907

Place of Burial ~~Ft McHenry~~ Loudon Park

Date April 21 1907

Undertaker ~~Frank Kornbrook~~ C F McCormick & Co

Address ~~1722 W Lombard St~~ 1722 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0361

City of Baltimore, (No. 310 N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sadie Helen Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apl. (Month) 8 (Day) 1878 (Year)

AGE 29 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Knoxville Tenn

FULL NAME OF FATHER Fred. Chas. Galton

BIRTHPLACE OF FATHER (State or country) Brooklyn N.Y.

MAIDEN NAME OF MOTHER Florence Ruth Reiff

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Florence F. Galton

(Address) 310 N Mount St

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apl 4 1907 to Apl 18 1907 that I last saw her alive on Apl 18 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Valvular Heart disease 6 mo.

(DURATION) DAYS

Contributory Enlargement of Heart (DURATION) 1 yr DAYS

(Signed) G. W. Slater M.D.

Apl 19 1907 (Address) 1703 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	April 21st 1907
UNDERTAKER	ADDRESS
C. H. McCormick	1724 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 Lamont Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frederica Eastwood

{Residence, if in Baltimore, Give Street and Number.} 1743 Lamont Ave.

Duration of Residence in Baltimore. 60 yrs. C.0362

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Clara Eastwood Curtiss

(Address) 1743 Lamont Ave

Filed 4/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18" 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2" 1907 to April 18" 1907

that I last saw h[illegible] alive on Apr. 18" 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis (Parsis)

2½ mos. (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date April 19" 1907

Place of Burial Baltimore Cemetery

Date April 21" 1907

Undertaker Henry Hoock & Son

Address 1307 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 Wayne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Johnson

{ Residence, if in Baltimore, Give Street and Number. } 610 Wayne

Duration of Residence in Baltimore. Life

C. 0362

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: William Johnson

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Charlotta Watson

BIRTHPLACE OF MOTHER (State or country): md —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Johnson

(Address) 610 Wayne St

Filed 4 20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to April 19 1907

that I last saw h[illegible] alive on Apr 17 1907,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tubracular Peritonitis

(DURATION) (?) DAYS

Contributory (Primary.) Tb Osteomyelitis of Femur

(DURATION) (?) DAYS

(Signed) H. S. McCaul M.D.

Address 136 W. Hill St

Date Apr 19 1907

Place of Burial Mt Auburn Cem

Date April 21st 1907

Undertaker G. L. Boone & Son

Address 108 W. Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10V

(Place of Death.) No. 546 N. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Sarah Pierce Heironymus

{ Residence, if in Baltimore, Give Street and Number. } above Same

Duration of Residence in Baltimore. Life

C0364

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 5 1844

AGE 62 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Bowers

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophia Fehlander

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Heironymus

(Address) 546 N Conway St

Filed 4/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907

I HEREBY CERTIFY, That I attended deceased from At home 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure following Grip

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Fehrer M.D.

Address 211 N. Conway Coroner

Date 4. 19. 1907

Place of Burial Baltimore Cem

Date April 22 1907

Undertaker Wm J Pickney & Son

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 St Paul St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Van Lear Findlay

{Residence, if in Baltimore, Give Street and Number.} 927 St Paul St.

Duration of Residence in Baltimore. about 40 years

C. 0365

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 21st 1839

AGE: 67 years, 3 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Archibald Findlay

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Sophia Van Lear

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Attorney

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John V. L. Findlay

(Address) 927 St Paul St.

Filed 4/20/ 1907 ROBERT P. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 19 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 19 1907

that I last saw him alive on April 19 1907

and that death occurred, on the date stated above, at 1-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

about 2 hours (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. D. Atkinson M.D.

Address 92 W Chas St

Date April 19th 1907

Place of Burial Greenmount

Date April 22nd 1907

Undertaker W. J. Jenkins Sons Co

Address 233 to Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

406

CERTIFICATE OF DEATH.

(Place of Death.) No. 1156 Nanticoke ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Cromer

{Residence, if in Baltimore, Give Street and Number.} 1156 Nanticoke ave

Duration of Residence in Baltimore. Life time

C.0366

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 5 1844

AGE: 62 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel Cromer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Betsy Beyer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Schellhouse

(Address) 1156 Nanticoke ave

Filed 4/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 17 1907 to April 19 1907 that I last saw h[illegible] alive on April 18 1907, and that death occurred, on the date stated above, at 1 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) 2 mo DAYS

Contributory (Primary)

Anemia (DURATION) 16 DAYS

(Signed) Edw[illegible] M.D.

Address 5117 Ave

Date April 19 1907

Place of Burial National Cemetery

Date April 21 1907

Undertaker Jos. Saunders, Son

Address 217 S. Bro. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0367 Registered No. B 1514

CERTIFICATE OF DEATH.

Place of Death.) No. St Vincent - Infe Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Burke

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infe asy, Lafayette C.0367

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Mch 18 1907
AGE	..... years, 1 month, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/20 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 18 1907

I HEREBY CERTIFY, That I attended deceased from Mch 21 1907 to Apr 18 1907 that I last saw h[illegible] alive on Apr 11 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date 4/19 1907

Place of Burial New Cathedral

Date April 19th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

1514

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary O'Connor,

{ Residence, if in Baltimore, Give Street and Number. } St Vincent. Infant Asy

Duration of Residence in Baltimore. Septum

C.O. 3168

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W.

DATE OF BIRTH: Mch - 30 1907

AGE: ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincent Asy.

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 18 1907

I HEREBY CERTIFY, That I attended deceased from Mch 30 1907 to Apr 18 1907

that I last saw h.. alive on Apr 11 1907.

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E H. Hayward, M.D.

Address 1231 N Caroline St

Date 4/19 1907

Place of Burial Post-Entombed April 19th 1907

Undertaker Martin Baker & Sons

Address 616 Fayette ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bridget Morton

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf Asy.

Duration of Residence in Baltimore. Lifetime

C.D.B.69

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 22, 1907

AGE ....years, ...months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....

(Address) St. V. I. Asy.

Filed 4/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 19 1907

I HEREBY CERTIFY, That I attended deceased from Mch 26 1907 to Apr 19 1907 that I last saw her alive on Apr 18 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) .... DAYS

Contributory (Primary.)

E

(DURATION) .... DAYS

(Signed) E M Haywood M.D.

Address 1230 N Caroline

Date 4/19 1907

Place of Burial New Cathedral

Date April 19-th 1907

Undertaker Martin Fisher & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 Oak Ave Hamdaen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Mackinew

{ Residence, if in Baltimore, Give Street and Number. } 517 Oak Ave Hampden

Duration of Residence in Baltimore. Life

C.D. 3570

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 19 1905

AGE 1 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER Walter Mackinew

BIRTHPLACE OF FATHER (State or country) Balto City Md

MAIDEN NAME OF MOTHER Louisa E Walker

BIRTHPLACE OF MOTHER (State or country) Balto City Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Mackinew (Father)

(Address) 517 Oak Ave Hampden

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to April 20 1907 that I last saw him alive on April 19 1907 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobular Pneumonia

(DURATION) 17 DAYS

Contributory (Primary) Measles (DURATION) 7 DAYS

(Signed) Henry C Alyea M.D.

Address 340 Roland Ave

Date April 20 1907

Place of Burial St Mary's Hampden

Date April 21 1907

Undertaker Wm E Chenoweth & Son

Address 919 Fleet Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0371

City of Baltimore, (No. 1705, E Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jeannette Reather

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR White

DATE OF BIRTH Sep (Month) 2 (Day) 1869 (Year)

AGE 38 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Frederick City

FULL NAME OF FATHER Chas. F Reather

BIRTHPLACE OF FATHER (State or country) South Carolina.

MAIDEN NAME OF MOTHER Annie M. Cafferky

BIRTHPLACE OF MOTHER (State or country) Frederick City

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Reather

(Address) 1705 E. Chase St

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 18 1907

that I last saw h— alive on April 18 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Acute Lepto-Meningitis

(DURATION) 16 DAYS

Contributory

(DURATION) DAYS

(Signed) Martin W Burke M. D.

April 19 1907 (Address) 1107 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mount Olivet Cem

DATE OF BURIAL April 21 1907

UNDERTAKER A. Fink & Son

ADDRESS 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2237 N Bruce St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clifton A. Silzhauer

{ Residence, if in Baltimore, Give Street and Number. } 2237 N Bruce St

Duration of Residence in Baltimore. Life

C. 0377

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Dec 15th 1904

AGE: 3 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City Md,

FULL NAME OF FATHER: Daniel C. Silzhauer

BIRTHPLACE OF FATHER (State or country): Md,

MAIDEN NAME OF MOTHER: Minnie E. Foreman

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie E. Silzhauer

(Address) 2237 N Bruce St

Filed 4/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1907

I HEREBY CERTIFY, That I attended deceased from April 10th 1907 to April 20th 1907

that I last saw him alive on April 19th 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Geo. A. Mortimer M.D.

Address 125 N Fulton Ave

Date April 20th 1907

Place of Burial Laurel Cemetery

Date April 22 1907

Undertaker Felix Pipe

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 W. McComas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Harry M & Emma V. Wilson

{ Residence, if in Baltimore, Give Street and Number. } 203 W McComas St

Duration of Residence in Baltimore. Life

C.0373

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 19 1907

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Harry M. Wilson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Emma V. Lynch

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry M. Wilson father

(Address) 203 W. McComas St

Filed 4/20 1907 HARRY C. ANDREWS, REGISTER CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) 1 DAYS

Contributory (Primary:) .....

(DURATION) ..... DAYS

(Signed) Chas Weishardt M.D.

Coroner

Address .....

Date April 20. 1907

Place of Burial Cedar Hill

Date April 21 1907

Undertaker Jos. Stumbock

Address 1218 E 18th St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 4/19

(Place of Death.) No. 16. S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Captain Smith

{ Residence, if in Baltimore, Give Street and Number. } 16 S. Regester st

Duration of Residence in Baltimore. Life

C 0374

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE About. 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John H. Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Marian Russel

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Smith

(Address) 16 S. Regester

Filed 4/21st 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO. BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 19 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 1 1907 to Apr. 19 1907

that I last saw h.. alive on Apr. 16 1907

and that death occurred, on the date stated above, at 3 Pm

M. CAUSE OF DEATH (Secondary or Immediate)

Acute tuberculosis

(DURATION) 19 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2100 E. Balt. St

Date Apr 20 1907

Place of Burial Walters Md

Date April 21st 1907

Undertaker Christian Miller

Address 2334 Jefferson st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0375

Registered No. B

City of Baltimore, (No. 1413, Eastern Ave., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Henry Rounds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April (Month) 7 (Day) 1875 (Year)

AGE: 32 years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: William Rounds

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Melissa Blake

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Hack Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Melissa Williams, Mother

(Address) 1413 Eastern Ave.

Filed 4/21 1907 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

E. A. S.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to April 18 1907 that I last saw him alive on April 3 1907, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 6 months (DURATION) —— DAYS

Contributory Tuberculer Laryngitis

about 2 or 3 months (DURATION) —— DAYS

(Signed) W. C. Sandrock M. D.

April 19 1907 (Address) 1242 N. Broadway.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: April 21st 1907

UNDERTAKER: Theodore White | ADDRESS: 1702 Gough St

CERTIFICATE OF DEATH.

29 V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Saverina D'Apollonia

{Residence, if in Baltimore, Give Street and Number.} 1429 Bank St.

C.0376

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	3 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Amedeo D'Apollonia
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Bruno

(Address) 328 S. Central Ave

Filed 4/21/1907 HARRY C. [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20, 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 20 1907 that I last saw her alive on April 19 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Tubercular Peritonitis (DURATION) DAYS

(Signed) J. H. Smith Jr., M.D.

Address Junior Hospital

Date April 20, 1907

Place of Burial St. Vincents

Date Apr. 22nd 1907

Undertaker Wendell Bippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ... give ...

SEX

DATE

AGE

SING... WIDO...

BIRT... (State...

FULL... OF F...

BIRT... OF F... (State...

MAID... OF M...

BIRT... OF M... (State...

OCCU... OF D...

THE ... BEST ...

(Infor...

Filed 4/2...

CERTIFICATE OF DEATH.

(Place of Death.) No. 2438 Etting St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Betty L. Carrington

{ Residence, if in Baltimore, Give Street and Number. } 2438 Etting St.

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH June 28th 1882

AGE 24 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Geo. W. Falkner

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Latitia June

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Falkner

(Address) 2438 Etting St.

Filed Apl 21 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 18th 1907 to Apl 18th 1907 that I last saw her alive on Apl 17th 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis (DURATION) 120 DAYS

Con tributory (Primary)

Cardiac Dropsy (DURATION) 30 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W North ave.

Date Balto Apl 18th 1907.

Place of Burial Mt Olivet

Date April 21 1907

Undertaker Wm. P. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1922 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bronislaus Levindowski

{Residence, if in Baltimore, Give Street and Number.} 1922 Canton ave

Duration of Residence in Baltimore. Life

C. 0376

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 7 1906

AGE ..... years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City Baltimore

FULL NAME OF FATHER Anton Lewandowski.

BIRTHPLACE OF FATHER (State or country) Prussia Poland.

MAIDEN NAME OF MOTHER Helen Nowak.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Nowak.

(Address) 1922 Canton Ave.

Filed Apl 21 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ludlow Culver M.D.

Address 320 N Greene St

Date Apr 20 1907

Place of Burial Holy Rosary

Date Sunday Apr 21 1907

Undertaker M F Jadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STA...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0379

City of Baltimore, (No. 846, N. Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Carey.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Carey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Hanbill

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Phelan

(Address) 840 N. Eutaw St.

Filed Apl 21 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 20 1907 that I last saw him alive on April 20 1907, and that death occurred, on the date stated above, at 2.07 A. M. The CAUSE OF DEATH was as follows:

Acute Pneumonia

(DURATION) 1 DAYS

Contributory Organic Heart Failure (DURATION) 1 DAYS

(Signed) T. Hilary Reich M. D.

April 21 1907 (Address) 846 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: April 22nd 1907

UNDERTAKER: M. Fahey & Sons | ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 S. Inaderia St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes O. Kearney

{ Residence, if in Baltimore, Give Street and Number. } 222 S Inaderia St.

C. 0380

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W. White

DATE OF BIRTH: Aug 4th 1843

AGE: 59 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Thomas Whelan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Doyle

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Kearney

(Address) 222 S Inaderia St.

Filed Apl 22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907

I HEREBY CERTIFY, That I attended deceased from April 14th 1907 to April 18th 1907

that I last saw her alive on April 18th 1907,

and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) W.H. Johnson M.D.

Address 2017 E. Baltimore St

Date April 20th 1907

Place of Burial St Patricks Cem

Date April 22nd 1907

Undertaker Jno A. Inman

Address Bank & Aisquith Sts.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matilda Brown

{Residence, if in Baltimore, Give Street and Number.} Residence North Point-Balto Co

C. 0361

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed April 22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 19 1907 that I last saw h ee alive on April 19 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemoplegia

Chronic diffused Nephritis, Oedema of Lungs (DURATION) DAYS

Contributory (Primary.) Arteio-Sclerosis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date April 20 1907

Place of Burial Asbury

Date April 21 1907

Undertaker R. F. Eckhardt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0382

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Nursery & Childs Hospital. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Royston E. Christian

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 10 (Month) 27 (Day) 1906 (Year)

AGE: ..... years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Christian

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Brewer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E-M-Stone

(Address) N.T.C. Hospital

Filed 4/24 1907 HARRY C. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Apr. 24 1907 that I last saw him alive on Apr 24 1907, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Marasmus.

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John Ruhräh M.D.

190 (Address) 839 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorane	Apl 27th 1907
UNDERTAKER	ADDRESS
John J Cowan	901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 602 N. Carey St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Peter Boylan

{ Residence, if in Baltimore, Give Street and Number. } 602 N. Carey St.

Duration of Residence in Baltimore. Two years C. 0B83

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pedrick

FULL NAME OF FATHER John Boylan

BIRTHPLACE OF FATHER (State or country) Fredrick

MAIDEN NAME OF MOTHER Annie Homas

BIRTHPLACE OF MOTHER (State or country) Fredrick

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 4/22 1907

Registrar HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to April 20 1907 that I last saw h im alive on April 19 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma

(DURATION) year ~~DAYS~~

Contributory (Primary.) Heart Defficiency

(DURATION) DAYS

(Signed) E Miles Wheeler M.D.

Address 2129 W North Ave.

Date April 20 1907

Place of Burial New Cathedral

Date April 22nd 1907

Undertaker M Cadogan

Address 696 Mulberry St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under hi ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ting forth, as far as the same can be asc eased, and the **cause and date of dea**

CERTIFICATE OF DEATH

(Place of Death.) No. 2300 Mt. Royal Terrace St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura C. Lipp

{ Residence, if in Baltimore, Give Street and Number. } 2300 Mt. Royal Terrace

Duration of Residence in Baltimore. Life time.

C 0384

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 21st 1844

AGE 62 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James Selby

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Catherine Gwynn

BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa.

OCCUPATION OF DECEASED House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. G. Hooper

(Address) 2300 Mt. Royal Terrace

Filed 4/22 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1907.

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to April 18th 1907

that I last saw h Sr alive on April 18th 1907 at 10 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Cancer of Liver 1 year

(DURATION) DAYS

(Signed) Wales H. A. McGehee M.D.

Address 1031 N. Caroline Str.

Date April 19th 1907.

Place of Burial Green Mount Cemetery

Date April 22. 1907.

Undertaker E. Madison Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE O[illegible]

(Place of Death.) No. 1801-Fifth St Halbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan A. Thiessen

{Residence, if in Baltimore, Give Street and Number.} 1801 - Fifth St.

Duration of Residence in Baltimore. 42 Years

C.0387

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. 20th 1836

AGE: 70 years, 7 months, 1 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Taneytown Md.

FULL NAME OF FATHER: Alexander Frazier

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hatley Kahn

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mattie Wood

(Address) 1801 - Fifth St

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1907

I HEREBY CERTIFY, That I attended deceased from April 16th 1907 to April 20th 1907 that I last saw her alive on April 20th 1907, and that death occurred, on the date stated above, at 1.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from the Lungs. Onset of cold and Cough.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J H Zepp M.D.

Address 30806 North Ave

Date Apr. 21st 1907

Place of Burial Gettysburg Adams Co

Date April 24. 1907 Pd 7 1907

Undertaker Jos. B. Cook

Address 1023 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 705 Buren St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dennis Maher

{ Residence, if in Baltimore, Give Street and Number. } 705 Buren St

Duration of Residence in Baltimore 38 years

C 0386

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dennis Maher

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Julia Malony

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Maher

(Address) 705 Buren St.

Filed 4/11 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19th 1907

I HEREBY CERTIFY, That I attended deceased from 13th April 1907 to 19th April 1907

that I last saw h— alive on 19th April 1907,

and that death occurred, on the date stated above, at 6.00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Bronchitis

(DURATION) 8 DAYS

(Signed) Geo. D. Negus M.D.

Address 809 N. Eden

Date April 19th 1907

Place of Burial Holy Cross

Date April 22 1907

Undertaker H. C. Windefeld

Address 914 Fremont Ave

Dr Reynolds
Pneumonia

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF

(Place of Death.) No. 303 S Pappleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie M. Brown

{ Residence, if in Baltimore, Give Street and Number. } 303 S. Pappleton St

Duration of Residence in Baltimore. Life

L. 0387

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M Brown

(Address) 303 S. Pappleton St

Filed 4/22 1907

HARRY S. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 20 1907 that I last saw her alive on April 20 1907, and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gall Stone

(DURATION) 2 DAYS

Contributory (Primary.)

Nephritis (DURATION) Unknown

(Signed) Leonard E Beach M.D.

Address 857 W. Fayette St.

Date April 21 1907

Place of Burial Loudon Park

Date Apr 23 1907

Undertaker Wm Cook

Address 5626 Harford Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0388

City of Baltimore, (No. 1039, N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME L. Walter Swift.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 6 (Day) 1879 (Year)

AGE: 28 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Lewis N. Swift

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Martha P. Porter

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Martha P. Swift.

(Address) 1039 N. Mount St.

Filed 4/22 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 30 1907 to April 20 1907 that I last saw h[im] alive on " " 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Typhoid-Pneumonia
(Widal test for typhoid positive)

(DURATION) 28 DAYS

Contributory Heart failure

(DURATION) 2 DAYS

(Signed) Chas. C. Conser M. D.

ap. 21 1907 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Easton Md

DATE OF BURIAL: Apr 22 1907

UNDERTAKER: [illegible]

ADDRESS: 502 E Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 S. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Kurtz

{Residence, if in Baltimore, Give Street and Number.} 119 S. Payson st

Duration of Residence in Baltimore. ....

C.D. 329

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: ....1....

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Samuel Kurtz

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Phoebe Hays

BIRTHPLACE OF MOTHER (State or country): Bal

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Kurtz

(Address) 105 S. Payson

Filed 4/22 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 4 1907 to Apr. 20, 1907

that I last saw him alive on Apr. 19, 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from excessive vomiting

(DURATION) 5 DAYS

Contributory (Primary) Carcinoma of Stomach (DURATION) many DAYS

(Signed) J. Shaw Hood M.D.

Address 608 N. Gilmor st.

Date April 20, 1907

Place of Burial Cathedral.

Date Apr 23/907 190...

Undertaker Lou Cook

Address 502 S Hartford Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

enty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Cider alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Nathaniel Neal

{Residence, if in Baltimore, Give Street and Number.} 616 Cider alley

Duration of Residence in Baltimore. Entire life

C.0390

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	mulatto

DATE OF BIRTH: August 19 1

AGE: 39 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: "Oyster Shucker" & Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Belle Connish

(Address) 616 Cider alley

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to March 4 1907 that I last saw him alive on March 4 1907, and that death occurred, on the date stated above, at 7:55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Arrhemia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date 4/22 1907

Place of Burial Mt Auburn Cemetery

Date April 22 1907

Undertaker Geo H. Hooker

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Carroll

{Residence, if in Baltimore, Give Street and Number.} 807 Vine St

Duration of Residence in Baltimore. Life.

C. 0391

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem'l	COLOR Blk
DATE OF BIRTH Unknown 1	
AGE 37 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Chas Fred
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Matilda Dixon
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Dixon

(Address) 807 Vine St

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to April 19 1907

that I last saw her alive on April 18 1907

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Mucous Enteritis

Exhaustion

(DURATION) Days

Contributory (Primary) Asthenia

(DURATION) Days

(Signed) H Monrad M.D.

Address 739 W Fayette St

Date April 20 1907

Place of Burial Laurel

Date April 22 1907

Undertaker Alfred J Freeland

Address 102 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Frank Metz

{ Residence, if in Baltimore, Give Street and Number. } 926 W. Franklin St

C.0392

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Sept. 6 1827

AGE: 79 years, 7 months, 13 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Virginia,

FULL NAME OF FATHER: John A. Metz,

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Gordon,

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: Carpenter,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

Filed 4/22 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to April 19 1907 that I last saw him alive on April 19 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia and Cardiac insufficiency (DURATION) 30 DAYS

(Signed) Jno J Kaslin M.D.

Address 852 W. Northam

Date April 20 1907

Place of Burial Baltimore,

Date April 22 1907 1907

Undertaker Geo. W. Little,

Address 531 N-Fremont Ave,

WM. J. C. DULANY CO., BALTIMORE.

C 0393 Registered No. B C 0393

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna M. Krug

{Residence, if in Baltimore, Give Street and Number.} 10 N. Castle St

Duration of Residence in Baltimore. 51 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1837

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Krauß

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Reibl

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Krug

(Address) ~~1914~~ 10 N. Chapel St

Filed 4/22 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Apr 21 1907 that I last saw her alive on Apr. 20 1907 and that death occurred, on the date stated above, at 3:30 P.M. CAUSE OF DEATH (Secondary or Immediate) Cardiac Asthma

(DURATION) 81 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. C. Rinse M.D.

Address 1000 E. Baltimore

Date Apr. 21 1907

Place of Burial Holy Redeemer cem.

Date April 24 1907

Undertaker Jas. J. Beer

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B

C 0394

CERTIFICATE OF DEATH.

C 0394

(Place of Death.) No. 1814 N. Chas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary D. Turner

{Residence, if in Baltimore, Give Street and Number.} 1814 N. Chas St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	Apr 20th 1840
AGE	67 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	John Evans
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Mrs Evans
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Turner M.D.

(Address) 1814 N Charles St

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h er alive on April 20 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart & kidneys

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary.) Pneumonia Broncho

(DURATION) DAYS

(Signed) Edwin Guthrie M.D.

Address 1814 N. Chas St

Date April 21 1907

Place of Burial Mantiocake, Wicomico Co. Md

Date April 23rd 1907

Undertaker Albert F Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 0395 Registered No. B C 0395

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosalia Bluszewicz

{ Residence, if in Baltimore, Give Street and Number. } 614 S. Ann st.

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ——— 1

AGE 24 years, —— months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Stanislaw Bluszewicz

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Anna Chmielka

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Bluszewicz

(Address) 614 S Ann

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 22 1907 that I last saw her alive on April 20 1907, and that death occurred, on the date stated above, at 7 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Ch. Nephritis

(DURATION) DAYS

(Signed) Chas L Gammage M.D.

Address St Joseph Hospital

Date April 22 1907

Place of Burial Holy Rosary

Date April 22 1907

Undertaker Jacob Fiackowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 0396 Registered No. B C 0396

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1846 Pennsylvania Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary E. Freedenberger

{Residence, if in Baltimore, Give Street and Number.} 1846 Pennsylvania Ave

C.0396

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR White

DATE OF BIRTH July 29th 1881

AGE 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Jno. Freedenberger

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georga Freedenburg

(Address) 1846 Penna ave

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 20 1907

that I last saw h[illegible] alive on April 20 1907,

and that death occurred, on the date stated above, at 3.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage.

(Apoplexy)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C. Houck M.D.

Address 1922 Penna Ave.

Date April 20 1907

Place of Burial Loudon Park Cemetery

Date April 23rd 1907

Undertaker Geo. Bentz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 0397 Registered No. B C 0397

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roberta Inoran

{Residence, if in Baltimore, Give Street and Number.} 1920 East Chase Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug. 4th 1861
AGE	45 years, 8 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ind.
FULL NAME OF FATHER	Robt. G. Shing
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Elizabeth
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	Stone

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jefferson Curren

(Address) 1920 E. Chase St.

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20" 1907

I HEREBY CERTIFY, That I attended deceased from March 31 1907 to April 20 1907 that I last saw h[illegible] alive on April 20 1907 and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Intestinal Obstruction

Gangrene (DURATION) DAYS

Con'tributory (Primary.) (DURATION) DAYS

(Signed) Harvey B. Stone M.D.

Address Johns Hopkins Hospital

Date 4/20 1907

Place of Burial St. Patricks Cem.

Date 4/23/07 1907

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C 0398 — Registered No. B C 0398

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 631 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Balthaser Martin

{Residence, if in Baltimore, Give Street and Number.} 631 N. Castle St.

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 18th 1861

AGE: 45 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Martin

(Address) 631 N. Castle St

Filed 4/22 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19th 1907

I HEREBY CERTIFY, That I attended deceased from April 10th 1906 to April 19th 1907

that I last saw him alive on April 19th 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) One year DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) H. E. Boren M.D.

Address 1507 E Eager St

Date April 20th 1907

Place of Burial Mt. Carmel Cem

Date 4/22/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0399

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1206

CERTIFICATE OF DEATH.

Registered No. B C 0399

City of Baltimore, (No. 1221 E. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew Jackson Crutchfield

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb (Month) 8 (Day) 1849 (Year)

AGE: 58 years, 2 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Andrew Fletcher Crutchfield

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Sarah L. Davies

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Lee Crutchfield

(Address) 1321 E. Preston St.

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to Apr 19th 1907 that I last saw him alive on Apr 18th 1907, and that death occurred, on the date stated above, at 6.25 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 6 yrs DAYS

Contributory Uremia

(DURATION) 3 DAYS

(Signed) Leonard M. C. Parker M. D.

Apr 19th 1907 (Address) 1051 Ausgusta

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Apr. 21 1907

UNDERTAKER: C. H. Bazzard & Co | ADDRESS: 1119 Pa ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0400 Registered No. B C 0400

6V

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Szczepanek

{ Residence, if in Baltimore, Give Street and Number. } 616 S. Wolfe St —

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Peter Szczepanek.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Fronia Dibol

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Szczepanek.

(Address) 616 S. Wolfe St

Filed 4/22 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 21 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 14 1907 to Apr. 20 1907 that I last saw h[im] alive on Apr. 20 1907, and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 4(?) DAYS

Contributory (Primary.) measles

(DURATION) 10 DAYS

(Signed) J. C. Josephson M.D.

Address 2308 S. Bond St.

Date April 21 1907

Place of Burial St Stanislaus.

Date Monday April 22 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 0401

154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0401

Registered No. B .....

City of Baltimore, (No. 1011 S. Sharp St. ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Leonard Meier

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white.

DATE OF BIRTH: April (Month) 30. (Day) 1837 (Year)

AGE: 72 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. Meier (son)

(Address) 923 N. Central Ave.

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 21. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st. 1907 to April 20. 1907

that I last saw him alive on April 20. 1907 7 PM

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Atonia of Stomach

(DURATION) 50 DAYS

Contributory Debility of age

(DURATION) 14 DAYS

(Signed) J. J. Lebale M.D.

April 21st. 1907 (Address) 1001 Lexington St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: April 24 1907

UNDERTAKER: Christian Miller

ADDRESS: 2334 Jefferson st.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0402 Registered No. B C 0402.

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs J. Quirk

{Residence, if in Baltimore, Give Street and Number.} 629 E. Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 1st 1847

AGE 30 years, 1 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick Quirk

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Lacey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Bar Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 629 E. Biddle St

Filed 4/21 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

1606 Madison ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1907 to April 18 1907 that I last saw him alive on April 18th 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Con'tributory (Primary) Pulmonary Tuberculosis (DURATION) 2 years ~~DAYS~~

(Signed) William J. Dressick M.D.

Address 1606 Madison ave

Date April 20th 1907

Place of Burial St Mary's Govanstown

Date April 23 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt. Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C 0403 Registered No. B C 0403

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. 8 Found st Commercial Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX Male	COLOR White	DATE OF DEATH about April 1 = 1907
DATE OF BIRTH 1		I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....
AGE 24 years, ... months, ... days		that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at .....
SINGLE, MARRIED, WIDOWED, OR DIVORCED		..... M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country)		Accidental Drowning.
FULL NAME OF FATHER		..... (DURATION) ..... DAYS
BIRTHPLACE OF FATHER (State or country)		Contributory (Primary.) ..... (DURATION) ..... DAYS
MAIDEN NAME OF MOTHER		(Signed) Thomas Ludlow Coroner M.D.
BIRTHPLACE OF MOTHER (State or country)		Address 3204 Greenmount Av
OCCUPATION OF DECEASED		Date ..... 190 .....
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Place of Burial PUBLIC CEMETERY
(Informant)		Date April 20 1907
(Address)		Undertaker Commissioner Health.
Filed 4/22 1907	HARRY C. ANDREWS, PERMIT CLERK, Registrar	Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B 0404

C 0404

CERTIFICATE OF DEATH.

1037

(Place of Death.) No. Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Polakos

{ Residence, if in Baltimore, Give Street and Number. } 2000 Linton Ave

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	27 years, months, days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Greece (Hydra)
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h... alive on ..... 190...;

and that death occurred, on the date stated above, at 3½

I. CAUSE OF DEATH (Secondary or Immediate)

Cystitis Necr.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm S K Canulles M.D.

Address Corner Wood

Date Apr 14 - 07 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date Apr 20 1907

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 0405 Registered No. B C 0405

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of Claudine McConnack.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	B
DATE OF BIRTH	4-18-1907
AGE	12 hrs, years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Claudine McConnack
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Claudine McConnack.

(Address) Baltimore Md

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4-19-1907

I HEREBY CERTIFY, That I attended deceased from 4-18-1907 to 4-19-1907 that I last saw him alive on 4-19-1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure due to Premature delivery

(DURATION) 12 DAYS

Contributory (Primary.) Premature delivery (DURATION) DAYS

(Signed) Wm. E. Tyson M.D.

Address 622 W. Lombard St.

Date 4-20-1907

UNIVERSITY OF MARYL

Place of Burial

Date April 21 1907

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1.20

Ward 13 Registered No. B 0406

CERTIFICATE OF DEATH.

(Place of Death.) No. 1363 N Carey St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Carrie Lyons

{Residence, if in Baltimore, Give Street and Number.} 1363 N Carey st

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joshua Lyons

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jacobs

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lyons

(Address) 1363 Carey

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 19 1907 that I last saw h— alive on April 19 1907, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia contracted

Heart

(DURATION) 3 DAYS

Contributory (Primary.) Heart

(DURATION) 3 DAYS

(Signed) D W Bernard M.D.

Address 708 Ensor St

Date April 20 1907

Place of Burial Mt Auburn

Date 4/22 1907

Undertaker Chas Kemble

Address 537 So Bradford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

120

Ward 10 C 0407 Registered No. B C 0407

90 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Cunningham

{Residence, if in Baltimore, Give Street and Number.} 1018 W. Lombard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Walter Cunningham

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Margutt Lahey

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 20 1907 that I last saw her alive on April 20 1907, and that death occurred, on the date stated above, at 11.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ½ hour

Contributory (Primary.) Bronchitis

(DURATION) 5 DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St

Date April 21 1907.

Place of Burial Gordon Park

Date April 22nd 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0408 Registered No. B C 0408

1207

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Hines

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM Lemar Holliday, Supt.

(Address)

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 20 1907 that I last saw h[illegible] alive on April 20 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, Chronic diffuse Nephritis, Oedema of Lungs (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date April 21 1907

Place of Burial Holy Cross Cem.

Date Apr. 22" 1907

Undertaker Mitchell Lippard & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0409

City of Baltimore, (No. 1815 N. Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William B. Chowning

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August (Month) 1 (Day) 1841 (Year)

AGE: 65 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Chowning

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Catherine Games

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Chowning

(Address) 1815 N. Payson St

Filed 4/22 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1906 to April 20 1907

that I last saw him alive on April 20 1907,

and that death occurred, on the date stated above, at 1120 P. M. The CAUSE OF DEATH was as follows:

Partus Prematurus

3 Years. (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) J B Joyce M. D.

April 21 1907 (Address) 1800 N North

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Urbana Middlesex Co Va

DATE OF BURIAL: Apr 25 1907

UNDERTAKER: Harry W. Eblen

ADDRESS: 1944 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Thursday
Dec. 1st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 0410 C 0410 Registered No. B

CERTIFICATE OF DEATH.

9 3V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willis Marshall

{ Residence, if in Baltimore, Give Street and Number. } 821 W. Saratoga St

Duration of Residence in Baltimore. 7 yrs.

C 0410

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

(Address) 827 Aisquith St

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 17 1907 to Apr. 20 1907

that I last saw him alive on Apr. 20 1907, 3:30

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date April 20 1907

Place of Burial Laurel Cemetery

Date April 22d 1907

Undertaker E. A. McElhatt

Address 706 Rutgers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 0411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

47 v

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 0411

City of Baltimore, (No. 556 St Marys St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Perry Sherwood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cooks

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

(Address) 556 St Marys st

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 16th 1907 to ..... 190..

that I last saw h~~im~~ alive on April 16th 1907,

and that death occurred, on the date stated above, at ——

The CAUSE OF DEATH was as follows:

Organic Heart disease

Unknown (DURATION) 5 DAYS

Contributory Rheumatism (DURATION) 5 DAYS

(Signed) Edward M. Wise M. D.

April 22 1907 (Address) 706 N. Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 23 1907

UNDERTAKER: R McElliott — ADDRESS: 506 Rogers St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C 0412

C 0412

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Cathedral St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Caroline Jones

{Residence, if in Baltimore, Give Street and Number.} 1114 Cathedral st.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: W Emmons

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sara Jones

(Address) 1114 Cathedral

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20 - 1907

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h — alive on 190 —,

and that death occurred, on the date stated above, at 0 —

M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease and Asphixia

(DURATION) — DAYS

Contributory (Primary.) .....

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St

Date Apr. 22 - 1907

Place of Burial Saint Timothy

Date April 22 1907

Undertaker R. McElliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0413 Registered No. B C 0413

91 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1042 N Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Regina Ernst

{Residence, if in Baltimore, Give Street and Number.} 1042 N. Central Ave.

Duration of Residence in Baltimore. About 60 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Kessler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Schaffer

(Address) 1042 N. Central Ave.

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from at intervals for two weeks prior to Death 190

that I last saw h Er alive on April 20 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronchitis

Unknown (DURATION) DAYS

Contributory (Primary.) Asphaxiation (DURATION) DAYS

(Signed) J. Adlamer M.D.

Address 1133 Valley St

Date April 20 1907

Place of Burial Holy Redeemer Cemetery

Date April 22 190

Undertaker Sam Hecht & Son

Address 1201 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0414 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 Pinkney Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip Wise

{Residence, if in Baltimore, Give Street and Number.} 419 Pinkney Place

Duration of Residence in Baltimore. about 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Mathew Wise

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eva Noll

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Prohibition of Hotel

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura E. Wise

(Address) 419 Pinkney Place

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from apr 1 1907 to apr 20 1907

that I last saw h~~im~~ alive on apr 20 1907

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver

(DURATION) 1½ yrs DAYS

Contributory (Primary.)

Asthenia (DURATION) 7 DAYS

(Signed) M. A Fair M.D.

Address 12 E 25th

Date Apr 21 1907

Place of Burial Loraine Cemetery

Date April 23 1907

Undertaker Hines Hoeck & Lee

Address 130 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0415 Registered No. B C 0415

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Lynch

{Residence, if in Baltimore, Give Street and Number.} 934 Sterling St.

Duration of Residence in Baltimore, 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Nova Scotia

FULL NAME OF FATHER Mathew Lynch

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Fitzsimmons

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mathew Lynch Jr.

(Address) 915 Eager St

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20 1907

I HEREBY CERTIFY, That I attended deceased from Apr 18 1907 to Apr 20 1907 that I last saw h.. alive on Apr 20 1907, and that death occurred, on the date stated above, at 12 mid. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 2 DAYS

Contributory (Primary.) Chronic nephritis (DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Josephs Hosp.

Date Apr. 20 1907

Place of Burial St Mary's Cemetery Frederick

Date April 23 20 1907

Undertaker Frank Fowler

Address 30 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0416

City of Baltimore, (No. 904 Woodley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 22nd (Month) (Day) 1820 (Year)

AGE: 86 years, 9 months, 28 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bleacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Grant

(Address) 904 W Woodley St.

Filed 4/22 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 12th 1907 to Apr 20th 1907

that I last saw him alive on Apr 19th 1907

and that death occurred, on the date stated above, at 4.15 P. M. The CAUSE OF DEATH was as follows:

Old age

Senile Emphysema

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Gilman S. Evans M. D.

Apr 20 1907 (Address) 833 N Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Peter Cem

DATE OF BURIAL: Apr 23 1907

UNDERTAKER: Burns & Gore

ADDRESS: 1723 N Pat

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 0417 Registered No. B C 0417

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 Borsuch ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Caffey

{ Residence, if in Baltimore, Give Street and Number. } 16 Borsuch ave

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 6th 1835

AGE: 71 years, 8 months, 15 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Bucks Co Pa

FULL NAME OF FATHER: Charles Closson

BIRTHPLACE OF FATHER (State or country): Bucks Co Pa.

MAIDEN NAME OF MOTHER: Amy Bird

BIRTHPLACE OF MOTHER (State or country): Bucks Co Pa

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John V. Caffey

(Address) 16 Borsuch ave

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 21 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 21 1907 that I last saw h[illegible] alive on April 21 1907, and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Young Nuttrook M.D.

Address 287 Gorsuch ave

Date April 22 1907

Place of Burial Baltimore Cemetary

Date April 24th 1907

Undertaker George Schulling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 C 0418 Registered No. B C 0418

CERTIFICATE OF DEATH.

(Place of Death.) No. 154 Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie E Buckley

{Residence, if in Baltimore, Give Street and Number.} 154 Lakewood ave

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 19th 1871

AGE: 36 years, 1 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: Henry Speak

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J Buckley

(Address) 154 Lakewood ave

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to April 20 1907 that I last saw h-- alive on April 20 1907, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Dean M.D.

Address 1426 Milton Ave

Date April 22 1907

Place of Burial Greenwood Cemetery Philadelphia Pa

Date April 26 th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0419

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 921, E. Biddle St St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Annie Loretta Fitzgerald

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 19 (Day) 1882 (Year)

AGE: 25 years, 3 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Steven Fitzgerald

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliza Hock

BIRTHPLACE OF MOTHER (State or country): Eng-land

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Fitzgerald

(Address) 921 E. Biddle

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 21 (Day), 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 19th, 1907 to April 20th, 1907

that I last saw her alive on April 20, 1907,

and that death occurred, on the date stated above, at 6.45 A.M. The CAUSE OF DEATH was as follows:

Commission (DURATION) 2 DAYS

Contributory

Vomiting pain in head (DURATION) 5 DAYS

(Signed) Frank E. Brown M. D.

April 21 1907 (Address) 926 E. Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: April 22, 1907

UNDERTAKER: Mc Ginnis-Carroll

ADDRESS: 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

C 0420

Registered No. B

CERTIFICATE OF DEATH.

C 0420

(Place of Death.) No. 27 W. 20th St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luther Handy

{Residence, if in Baltimore, Give Street and Number.} 27. W. 20th St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 27 1824

AGE: 82 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Kent Co. Md

FULL NAME OF FATHER: George D. S. Handy

BIRTHPLACE OF FATHER (State or country): Somerset Co. Md

MAIDEN NAME OF MOTHER: Mary Tilden

BIRTHPLACE OF MOTHER (State or country): Kent County Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter W. Pearce

(Address) 27 W. 20th St

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20th 1907

I HEREBY CERTIFY, That I attended deceased from 1900 to April 20th 1907

that I last saw him alive on April 20th 1907

and that death occurred, on the date stated above, at 11.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis in its fibrous form. Could never obtain the bacilli Francis Tuberculosis. Imported the case I took in 1906. Was taken in measles (DURATION) DAYS have known him.

Contributory (Primary.)

General debility (DURATION) DAYS and inanition

(Signed) Saml. T. Earle M.D.

Address 1431 Linden Ave.

Date April 22nd 1907

Place of Burial Chestertown Md

Date April 23rd 1907

Undertaker Newsenstein & Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W C 0421 Registered No. B

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 115 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harvy Holmes Bottomer

{Residence, if in Baltimore, Give Street and Number.} 115 W. Saratoga St.

Duration of Residence in Baltimore. Liftime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~Oct 8~~ May 15 1852

AGE 54 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Fred. J Bottomer

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Susanna Treadway

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roland Parker

(Address) 811 N. Gilmor St

Filed 4/22 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1907, to Apr. 20 1907, that I last saw him alive on Apr. 19 1907, and that death occurred, on the date stated above, at 8.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart disease.

(DURATION) 3yrs. ~~DAYS~~

Con'ributory (Primary.) Parenchymatous nephritis (DURATION) 3 yrs ~~DAYS~~

(Signed) A. McClenney M.D.

Address 431 N. Carey St.

Date Apr. 20 1907

Place of Burial New Cathedral

Date April 23rd 1907

Undertaker Kelly and Tim Undertaking Co

Address 235 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 0422

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 109 N. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth F Schaltzky

{Residence, if in Baltimore, Give Street and Number.} 109 N. Schroeder.

Duration of Residence in Baltimore. Life C.0422

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 8th 1880

AGE 27 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John J Keene

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie E. Albert

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Breaht

(Address) 109 N. Schroeder

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1907

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to April 21 1907 that I last saw h-- alive on April 20 1907, and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis,

(DURATION) DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) ? DAYS

(Signed) J. Hammond M.D.

Address 11. N Carey St.

Date April 21st 1907

Place of Burial Balto. cemetery

Date April 24 1907

Undertaker Geo J Smith Co

Address 1001 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0423

City of Baltimore, (No. 1809 St Paul St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Palmer Morrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 30 (Day) 1841 (Year)

AGE: 65 years, 7 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Wheeling W. Va.

FULL NAME OF FATHER: Joseph Morrison

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Elizabeth Tyargo

BIRTHPLACE OF MOTHER (State or country): America.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Morrison Woolsey

(Address) 1809 St. Paul -

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 30 1906 to April 20 1907

that I last saw her alive on April 20 1907,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Paralysis Agitans.
Has been sick 5 or 6 years

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) J. H. Barnard, M. D.

April 22 1907 (Address) 2112 N Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loraine Cem — DATE OF BURIAL: April 23 1907

UNDERTAKER: Geo J Smith & Co — ADDRESS: 1010 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 114 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0424

City of Baltimore, (No. 538, N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christina Dora Kapp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 13 (Day) 1828 (Year)

AGE: 79 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Mr Ideman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie K Rapp

(Address) 538 N. Mount St.

Filed 4/22 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 22d (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 11th 1907 to April 22d 1907 that I last saw h.r alive on April 21st 1907, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Thrombocystitis

Do not Know (DURATION) DAYS

Contributory Heart failure

(DURATION) 3 DAYS

(Signed) Wm Gronbel M. D.

Apl. 22d 1907 (Address) 1704 Mad. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Apl. 24 1907
UNDERTAKER	ADDRESS
Geo J. Smith & Co	Fayette n

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 0425 Registered No. B C 0425

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2040 Fredericks St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Dorsey

{Residence, if in Baltimore, Give Street and Number.} 2040 Fredericks

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 17 1906

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Dorsy

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr James Dorsy

(Address) 2040 Frederick Ave

Filed 4/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Mother of baby let it fall to the floor she being seized with Epileptic fit while holding the baby in her arms

(DURATION) DAYS

Contributory (Primary.) Intracranial hemorrhage to brain shock

(DURATION) DAYS

(Signed) Thos C Jones M.D.

Address Coroners Office

Date April 21-07

Place of Burial St Alphonsus Cemetery

Date April 23 1907

Undertaker Mrs Geo P Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 13 C 0426 Registered No. B C 0426

CERTIFICATE OF DEATH.

(Place of Death.) No. 1906 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Marah

{Residence, if in Baltimore, Give Street and Number.} 1906 Hanover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 1842

AGE 65 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Sherlock

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Sherlock

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Linck

(Address) 1727 Aliceanna

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from April 17 1907 to April 21 1907

that I last saw her alive on April 21 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 2 DAYS

Contributory (Primary) Pleuro-Pneumonia

(DURATION) 5 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover

Date April 22 1907

Place of Burial Mount Olivet

Date April 24th 1907

Undertaker Jos. Hunteberk

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 0427 Registered No. B C 0427

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine M. Hagan.

{Residence, if in Baltimore, Give Street and Number.} 1306 Light St.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ? 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Dress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarina Hagan

(Address) 1306 Light St

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 21st 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1906 to Apr 21st 1907 that I last saw h-- alive on Apr 20th 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. D. Hayden M.D.

Address 1425 Light St

Date Apr 22d 1907

Place of Burial Frederick City Md

Date April 23d 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward ..... C 0428 Registered No. B ..... C 0428

8 0 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Orphan Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Moses J. Oppenheimer

{Residence, if in Baltimore, Give Street and Number.} 2030 Madison Avenue

Duration of Residence in Baltimore. Thirty seven 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	June 25th 1841
AGE	65 years, 9 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Ed Oppenheimer

(Address) 2030 Madison Ave

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1907

I HEREBY CERTIFY, That I attended deceased from —— 1904 to April 21 1907 that I last saw him alive on April 21st 1907 and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

"Angina Pectoris"

(DURATION) ..... DAYS

Con'tributory (Primary.) Myocarditis

(DURATION) 3 years

(Signed) Louis P. Hamburger M.D.

Address 1210 Eutaw Place

Date April 21st 1907

Place of Burial Balto Hebrew Cem

Date April 23rd 1907

Undertaker Harris Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

154V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0429

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1166 Columbia St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary D. Galen

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct 6 1829 (Month) (Day) (Year)
AGE	77 years, 7 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Gery
FULL NAME OF FATHER	Henry Carl
BIRTHPLACE OF FATHER (State or country)	Gery
MAIDEN NAME OF MOTHER	Mary Stahl
BIRTHPLACE OF MOTHER (State or country)	Gery
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julliana A Galen

(Address) 1166 Columbia Ave.

Filed 4/22/1907 HARRY M. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1906 to April 20 1907 that I last saw her alive on apr. 20 1907, and that death occurred, on the date stated above, at 4.50 a. M. The CAUSE OF DEATH was as follows:

General debility

1 yrs or more (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) D M Eastman M. D.

apr. 21 1907 (Address) 1505 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	April 25th 1907
UNDERTAKER	ADDRESS
E. Sch[illegible] & Son	102 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0430 Registered No. B C 0430

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Elizabeth Hosp~~ 729 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Vaught

{Residence, if in Baltimore, Give Street and Number.} 729 N. Carey St

Duration of Residence in Baltimore. 39 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: white

DATE OF BIRTH: 1833 Jan 19 1

AGE: 74 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Queens Ann Co.

FULL NAME OF FATHER: Gust Vaught

BIRTHPLACE OF FATHER (State or country): Queen Ann Co.

MAIDEN NAME OF MOTHER: Rachel Baynard

BIRTHPLACE OF MOTHER (State or country): Queen Ann Co.

OCCUPATION OF DECEASED: House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nichols

(Address) 729 N Carey st.

Filed 4/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to April 21 1907 that I last saw h alive on April 21 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

3 mo (~~DURATION~~) DAYS

Contributory (Primary) Endocarditis

(DURATION) ..... DAYS

(Signed) John H Evans M.D.

Address 101 N. Carey st

Date 4-22-1907 1907

Place of Burial Centerville Q.A.Co. Md

Date April 23rd 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 5451 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 N. Durham St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Shedrick Barton

{Residence, if in Baltimore, Give Street and Number.} 206 N Durham St

Duration of Residence in Baltimore. 50 years C.D. 4131

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Preacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 206 N Durham

Filed 4/23/1907 HARRY G. ANDREWS PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to april 20 1907 that I last saw h.. alive on April 20 1907, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease
contused old
age — Heart

(DURATION) 19 DAYS

Contributory (Primary.) Heart

(DURATION) 19 DAYS

(Signed) D Gunkenward M.D.

Address 708 Eager St

Date April 21 1907

Place of Burial Quaker Baltimore

Date April 23 Balto co 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

166V

(Place of Death.) No. Calvert and Eager Sts. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Casper Bamberger

{ Residence, if in Baltimore, Give Street and Number. } 204 N Chapel St

C 04327

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH May 18 1835

AGE 72 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Bamberger

(Address) 204 N. Chapel St

Filed 4/23 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8/5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Body mangled by Engine (Accd)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carrell M.D.

Address Coroner Dept

Date Apr 22-07 190

Place of Burial Holy Redeemer

Date April 25 190 7

Undertaker Jos J. Kerr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0433 Registered No. B C 0433

91 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 N Fremont St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Halnetter

{Residence, if in Baltimore, Give Street and Number.} 19 N Fremont St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — — —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) George Beck

(Address) 19 N. Fremont ave

Filed 4/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April V V 1907

I HEREBY CERTIFY, That I attended deceased from April 9 1907 to April 10 1907

that I last saw h in alive on apl 10 1907,

and that death occurred, on the date stated above, at 8 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 9 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) Duncan MacSalman M.D.

Address 110 V Madison Ave

Date apl 11 1907

Place of Burial Western Cemetery

Date April 24th 1907

Undertaker H. C. Braunigs

Address 5 Stapleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. D 434

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2427 Vine St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Conroy

{ Residence, if in Baltimore, Give Street and Number. } 2427 Vine

Duration of Residence in Baltimore. 16 yr

C.H 34

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 60 about years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland John Cannon

FULL NAME OF FATHER John Cannon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catharine Cannon

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Field

(Address) 1200 N. Lombard

Filed 4/23 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 21 1907

that I last saw her alive on April 20 1907

and that death occurred, on the date stated above, at 3:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

Cardiac Dilation (DURATION) 1 DAYS

Contributory (Primary) Acute Indigestion (DURATION) 1 DAYS

(Signed) Thomas Jones M.D.

Address 1200 N. Lombard

Date April 22 1907

Place of Burial St. Peters

Date April 24th 1907

Undertaker John J. Field

Address 1200 N. Lombard St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0435

City of Baltimore, (No. 1109 William St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jesse C. Tomalian.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH June 2nd 1906
(Month) (Day) (Year)

AGE 1 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Chas. S. Tomalian.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Florence M. Jory.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldhorn M.D.

(Address) 603 S. Sharp St.

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to April 21 1907 that I last saw h in alive on April 20 1907; and that death occurred, on the date stated above, at 12.05 a.m. The CAUSE OF DEATH was as follows:

Marasmus.
(DURATION) DAYS

Contributory
(DURATION) DAYS

(Signed) C. Waldhorn M. D.

Apl. 23 1907 (Address) 603 S. Sharp St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt - Olivet | DATE OF BURIAL April 23 1907

UNDERTAKER J. E. Evans & Son | ADDRESS 1428 S. Charles St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 1 C 0436 Registered No. B C 0436

19 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Branch

{ Residence, if in Baltimore, Give Street and Number. } ~~1407~~ Woodstock, Balto. Co. Md.

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: about 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Let Knan

BIRTHPLACE OF FATHER (State or country): - - - -

MAIDEN NAME OF MOTHER: - - - -

BIRTHPLACE OF MOTHER (State or country): - - - -

OCCUPATION OF DECEASED: Butler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Solomon

(Address) 118 W. Mt. Royal Ave

Filed 4/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20th 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) ... DAYS

Contributory (Primary.) Alcoholism

(DURATION) ... DAYS

(Signed) Benj. S. Hayden, Asst. M.D.

Address 1216 N. Augusta St.

Date Apr. 22nd 1907

Place of Burial National Cemetery

Date Apl 24" 1907

Undertaker Evans & Spencer

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de... U... give "S...

SEX

DATE

AGE

SINGL... WIDOW...

BIRTHP... (State o...

FULL ... OF FA...

BIRTHP... OF FA... (State o...

MAIDE... OF MO...

BIRTHP... OF MO... (State o...

OCCUP... OF DEC...

THE AB... BEST ...

(Inform...

Filed 4/2...

Ward 1 C 0437 Registered No. B [redacted]

CERTIFICATE OF DEATH.

11 V

(Place of Death.) No. 16 W. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Cornelia Graupner

{Residence, if in Baltimore, Give Street and Number.} 16 W. North ave.

Duration of Residence in Baltimore. 66 years. C.0437

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 2 Jan 1841

AGE 66 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frederick C Graupner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmine Theresa Gabler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Nurse & Companion

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert M Baum

(Address) 518 Park ave

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from April 21 - 1907 to April 22 1907 that I last saw h[er] alive on April 22 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage.

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis:

Dyspepsia. (DURATION) DAYS

(Signed) J. R Brown M.D.

Address 17 W. Biddle St

Date April 22 1907.

Place of Burial St John Church Yard Towsontown

Date April 24th 1907

Undertaker Henry H. Jenkins Son & Co

Address 233 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. B C 0438

C 0438

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Lottie Slonsey

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: .....1.....

AGE: 36 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Mellvaine, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to April 22 1907

that I last saw h— alive on April 22 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Vance M.D.

Address Bay View Hospital

Date April 22 1907

Place of Burial Sacred Heart

Date Apl 23 1907

Undertaker Evans & Hause

Address 1728 W. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0439 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Pierce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Zeligman

{ Residence, if in Baltimore, Give Street and Number. } 803 Pierce St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bernard Zeligman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rebecca Cammorsa

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Zeligman

(Address) 803 Pierce st

Filed 4/23/ 1907 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907

I HEREBY CERTIFY, That I attended deceased from April 22nd 1907 to April 23rd 1907 that I last saw him alive on April 22nd 1907, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Bronchitis
Convulsions & Asthmia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date April 23rd 1907

Place of Burial Washington Rd

Date April 25 1907

Undertaker Max Lipman

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registrar No. B

CERTIFICATE OF DEATH.

1084

(Place of Death.) No. 103 N Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Seitz

{ Residence, if in Baltimore, Give Street and Number. } 103 N Eden

Duration of Residence in Baltimore. 40 years C. OH40

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Not Known 1
AGE	64 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Horan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Collins
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Home Keep.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Medered Seitz

(Address) 103 N. Eden St

Filed 4/23 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22nd 1907

I HEREBY CERTIFY, That I attended deceased from April 18th 1907 to April 22nd 1907

that I last saw h alive on April 21st 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) DAYS

Contributory (Primary) Obstruction of bowels about (DURATION) 10 DAYS

(Signed) Chas. E. Reynolds M.D.

Address 809 N Charles St

Date April 22nd 1907

Place of Burial St Vincents Cemetery

Date April 25, 1907

Undertaker Edw. J. Fanning

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the interment, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or

Ward 16 C 0441 Registered No. B C 0441

CERTIFICATE OF DEATH.

99 ✓

(Place of Death.) No. Eutaw Place & Wilson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. L. Dickerson

{Residence, if in Baltimore, Give Street and Number.} 507 Wilson st

Duration of Residence in Baltimore. Fifteen years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: White
DATE OF BIRTH: Unknown 1	
AGE: 65 years, ... months, ... days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Samuel Worthington
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Sophia Long
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Cartner

(Address) 507 Wilson St.

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1907

I HEREBY CERTIFY, That I attended deceased from .....1907..... to .....1907.....

that I last saw h..... alive on .....1907.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Haemorrhage

died on Sunset (DURATION) ..... DAYS

Con'tributory (Primary.) died suddenly

(DURATION) ..... DAYS

(Signed) Lee Baldwin M.D.

Address 700 Laf. Av. (Corner)

Date April 22nd 1907

Place of Burial Greenmount Cem.

Date April 24 1907

Undertaker Lee Cook

Address 502 E Madison Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0442 Registered No. B C 0442

CERTIFICATE OF DEATH.

120 ✓

(Place of Death.) No. Ind. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Catherine Buzby.

{Residence, if in Baltimore, Give Street and Number.} 1401 Penn Ave

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE 63 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John Buzby
BIRTHPLACE OF FATHER (State or country)	Snow Hill Md.
MAIDEN NAME OF MOTHER	Catherine Herring
BIRTHPLACE OF MOTHER (State or country)	Balto Co
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Osenbaugh

(Address) 18 York St Hanover Pa

Filed Apr 23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 22, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1907 to Apr 22, 1907 that I last saw her alive on Apr 22 1907, and that death occurred, on the date stated above, at 7:00 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bright's disease & Pneumonia.

2 yrs. for Bright's.
2 days for Pneumonia (DURATION) — DAYS

Contributory (Primary.) Toxaemia (DURATION) — DAYS

(Signed) C. F. Langley, M.D.

Address 2nd Gen. Hosp

Date Apr. 22, 1907

Place of Burial Cathedral

Date Apr 24/07 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0443 Registered No. B ..... C 0440

19v

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edith Thompson

{ Residence, if in Baltimore, Give Street and Number. } 213 Green St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/28 1907 HARRY C. [illegible] Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 — 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 17 1907 to Apr. 21 1907

that I last saw h.. alive on Apr. 21 1907

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Erysipelas

..... (DURATION) ..... DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date April 21 — 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 22 1907 190..

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

21

Ward 11 C 0444 Registered No. B C 0444

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Barker

{Residence, if in Baltimore, Give Street and Number.} 242 N Fred

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19th 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 19 1907

that I last saw him alive on April 19 1907 9.30

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Tetty Degeneration of Heart

(DURATION) DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date April 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

APR 22 1907

Date 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1 24

Ward ..... C 0445 Registered No. B C 0445

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mollie Bell

{ Residence, if in Baltimore, Give Street and Number. } 652 W Lexington st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W
DATE OF BIRTH: 1	
AGE: 26 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Home - wife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to April 18 1907

that I last saw h[er] alive on April 18 1907,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Pulmonary oedema

(DURATION) ..... DAYS

Contributory (Primary.) Chronic Endocarditis

(DURATION) ..... DAYS

(Signed) Fred W Dancy M.D.

Address City Hospital

Date April 19 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 22 1907 190 ....

Undertaker Commissioner Health

Address Vowell Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

120

Ward ..... C 0446 Registered No. B ..... C 0446

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Green

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored.
DATE OF BIRTH 1	
AGE 17 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	
BIRTHPLACE (State or country) Maryland.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Bellyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/23 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to April 20 1907 that I last saw h er alive on April 20 1907, and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Voris M.D.

Address Bay View Asylum

Date April 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 22 1907 190

Undertaker William H Woodall

Address 8811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

1 2 1

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0447 Registered No. B C 0447

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward R Jones

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 20 1907 that I last saw h in alive on April 20 1907, and that death occurred, on the date stated above, at 11 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Anteno-Sclerosis. Hypostatic Pneumonia (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) R R Konig M.D.

Address Bay View Hospital

Date April 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 22 1907 190

Undertaker William L Wooden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0448 Registered No. B ..... C 0448

CERTIFICATE OF DEATH.

1 WV

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Smith.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 55 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed	
BIRTHPLACE (State or country): Richmond Va	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/23 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from November 5 1906 to April 19 1907

that I last saw h alive on April 19 1907,

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Vosmik M.D.

Address Bay View Hospital

Date April 19 1907.

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date APR 22 1907 190 .....

Undertaker William H Woodes

Address 184 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0449 Registered No. B C 0449

CERTIFICATE OF DEATH.

2/V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie Brightstone

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored.
DATE OF BIRTH 1	
AGE 27 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/23 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1907

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to April 19 1907 that I last saw h e alive on April 19 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Hemorrhage from Lungs. (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) R. Harris M.D.

Address Bay View Asylum.

Date April 20 1907.

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 22 1907 190 ....

Undertaker William H. Woodes

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 7 C 0450 Registered No. B C 0450

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 Gould's Lane. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Oden

{Residence, if in Baltimore, Give Street and Number.} 24 Goulds Lane

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Don't know.

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Irwin

(Address) 24 Gould's Lane

Filed 4/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20. 1907

I HEREBY CERTIFY, That I attended deceased from Apr 10 1907 to Apr 20 1907

that I last saw her alive on Apr 9 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Edw. Smith M.D.

Address 538 Hanover St.

Date Apr. 22 1907

Place of Burial Mt. Auburn Cem.

Date April 23, 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0451

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0451

City of Baltimore, (No. 507 Orchard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME May Authony

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Salman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Worden

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fannie Bell

(Address) 507 Orchard St.

Filed 4/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 11th 1907 to Apr 21st 1907 that I last saw h— alive on Apr 20th 1907, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Carcinoma of Breast with general Metastases

18 months (DURATION) — DAYS

Contributory

— — (DURATION) — DAYS

(Signed) Chas J. Keller M. D.

Apr 22 1907 (Address) 22 W Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Apr 23 1907

UNDERTAKER: Alex Hamelin | ADDRESS: 579 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 0452 Registered No. B C 0452

CERTIFICATE OF DEATH. 34v

(Place of Death.) No. 2539 Oak St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hathan Wyatt

{Residence, if in Baltimore, Give Street and Number.} 2539 Oak St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Col

DATE OF BIRTH: Oct 5 1903

AGE: 3 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Hathan Wyatt

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Belle Williams

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Haywood Baxley

(Address) 22nd + Guilford

Filed 4/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1906 to April 21 1907

that I last saw h[illegible] alive on April 21 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobular Pneumonia Capillary Bronchitis chief cause

(DURATION) DAYS

Contributory (Primary.) Had Generalized Tuberculosis Probably

Edward Espenola (DURATION) 6 mo DAYS

(Signed) H Baxley M.D.

Address 22+ Guilford Ave

Date 21 Apr. 07 190

Place of Burial Laurel Cemetery

Date April 23 1907

Undertaker Felix B Pyle

Address 102 E. Fredberg St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0453

City of Baltimore, (No. Elbert Widgins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME 1004 Waggon Alley

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Col

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Widgins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Gilmore

(Address) 114 N. Schroeder St

Filed April 28 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 21 1907

that I last saw him alive on April 21 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation

one year (DURATION) — DAYS

Contributory Bronchitis Chronic

about two yrs (DURATION) — DAYS

(Signed) A. T. Vonachen M.D.

April 22 1907 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	April 28 1907
UNDERTAKER	**ADDRESS**
Alfred J Freeland	106 N Schroeder

Ward W C 0454 Registered No. B C 0454

CERTIFICATE OF DEATH.

IV

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hans Christiansen

{ Residence, if in Baltimore, Give Street and Number. } S. S. Thorvaldsen Christiansen

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Don't Know

AGE 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Sondrman

(Address) 317 Chamberlain

Filed 4/23 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 10 1907 to Apr. 24 1907

that I last saw h... alive on April 24 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) ... DAYS

(Signed) W. H. Doney M.D.

Address City Hospital

Date April 24 1907

Place of Burial Mt. Carmel

Date Age 23. 1907

Undertaker Robt T Jones

Address Broadway & Eastern Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1907

CERTIFICATE OF DEATH.

Registered No. B C 0455

City of Baltimore, (No. 1237, Edward St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James G Blaine

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1873 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Lowndes

(Address) 1237 - Edward St

Filed 4/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 21 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from at intervals for several years 190 to Apr 21, 190

that I last saw h alive on Apr 21 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Chr. Nephritis

(DURATION) ..... DAYS

Contributory General Debility

(DURATION) ..... DAYS

(Signed) H W Wade M. D.

(Address) 1107 N Eu

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Auburn

DATE OF BURIAL: April 23 1907

UNDERTAKER: H F Eckhardt

ADDRESS: 506 Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B C 0456

C 0456

CERTIFICATE OF DEATH.

137V

(Place of Death.) No. 1624 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Evans

{Residence, if in Baltimore, Give Street and Number.} 1624 Bruce St.

Duration of Residence in Baltimore. Four years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 18 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Evans

(Address) 1628 Bruce St.

Filed 4/23 1907

BARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1907

I HEREBY CERTIFY, That I attended deceased from April. 18th 1907 to April. 21st 1907

that I last saw h alive on April. 21 1907.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pimpinal Peritonitis

(DURATION) 11 DAYS

Con'ributory (Primary.) Chronic Colitis

April. 10th (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address Two Lafayette Ave

Date April 22nd 1907

Place of Burial Laurel Cemetery

Date April 24 1907

Undertaker A. McGilliard

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 0457 Registered No. B C 0457

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 E. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Wolf

{ Residence, if in Baltimore, Give Street and Number. } 417 E. Central Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 19th 1856
AGE	51 years, 1 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Andrew Wolf
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Kunigunda Seifert
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Manter

(Address) 417 E. Central Ave

Filed 4/23 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21, 1907

I HEREBY CERTIFY, That I attended deceased from April 9, 1907 to April 9 1907 that I last saw h alive on April 9, 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address 1111 E. Baltimore Street

Date Baltimore April 23, 1907

Place of Burial Mt. Carmel Cem

Date April 24 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Union Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0458 Registered No. B C 0458

CERTIFICATE OF DEATH.

138V

(Place of Death.) No. 1115 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara C. Dorgan

{ Residence, if in Baltimore, Give Street and Number. } 1115 Park ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 5th 1880

AGE 26 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alfred C. Miller

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Emma A. Kohler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Dorgan

(Address) 1115 Park Ave.

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 19th 1907 to Apr. 20th 1907 that I last saw her alive on Apr. 20th 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Kidney Disease

(DURATION) — DAYS

Contributory (Primary.) Child birth

(DURATION) — DAYS

(Signed) W. H. Johnson M.D.

Address 2017 E. Baltimore St.

Date April 22nd 1907

Place of Burial Greenmount Cem

Date April 23 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore St. 1708-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 0459

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 1448 E. Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Josephine Jennie Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1448 E. Balto. St.

Duration of Residence in Baltimore. since birth C. 0459

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: april 23 1907

AGE: ____ years, ____ months, 1/2 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Hoffman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Samuelson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Hoffmann.

(Address) 1443 east Balto, St

Filed 4/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 22 1907 to Apr. 22 1907

that I last saw h in alive on Apr. 22 1907,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Josephson M.D.

Address 230 S. Bond st

Date Apr. 23 1907

Place of Burial Hebrew Coal Ridgelard Lawn Cem

Date april 23 1907

Undertaker max levinson

Address 1620 Macdonough st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0460 Registered No. B ..... C 0460

1207

CERTIFICATE OF DEATH.

(Place of Death.) No. 423 S Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Israel Levin

{ Residence, if in Baltimore, Give Street and Number. } 423 S Eden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 2 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Levin

BIRTHPLACE OF FATHER (State or country) Rossia

MAIDEN NAME OF MOTHER Anne Lepshetz

BIRTHPLACE OF MOTHER (State or country) Rossia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Hyman

(Address) 118 Albemarle st.

Filed 4/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Cumm M.D.

Address 320 ½ Greene St.

Date April 23 1907

Place of Burial Hebrew Cem Phila Pa Rod. Rust Lee

Date April 23dh 1907

Undertaker Max Levinson

Address 1620 McHenry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C.0461

CERTIFICATE OF DEATH. 1251

(Place of Death.) No. 1929 E. Balto. St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James L. Langley

{Residence, if in Baltimore, Give Street and Number.} 1929 E. Balto. St —

Duration of Residence in Baltimore. Forty yrs. C.0461

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 4 1819

AGE 87 years, 7 months, 18 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1929 E Balto St.

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Apr. 22 1907 that I last saw h[illegible] alive on Apr. 22 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Enlarged Prostate

(DURATION) 112 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1000 E. Balto St.

Date Apr. 23 1907

Place of Burial St. Inigoes, St Mary's Co. Md.

Date April 23" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93r

CERTIFICATE OF DEATH.

Registered No. B C 0462

City of Baltimore, (No. 825 Webster St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Byrnes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar (Month) 22 (Day) 1906 (Year)

AGE: 1 years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Robt. Byrnes

BIRTHPLACE OF FATHER (State or country): American

MAIDEN NAME OF MOTHER: Ellen McGovern

BIRTHPLACE OF MOTHER (State or country): American

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Byrnes

(Address) 825 Webster St

Filed 4/23 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 17 1907 to April 22 1907 that I last saw h[illegible] alive on April 21 1907, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) James McKenna M. D.

April 22 1907 (Address) 700 E Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Govanstown — DATE OF BURIAL: April 23 1907

UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 0463 Registered No. B C 0463

CERTIFICATE OF DEATH. 40 V

(Place of Death.) No. 1408 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Gassaway

{Residence, if in Baltimore, Give Street and Number.} 1408 Division

Duration of Residence in Baltimore. Forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Elijah Dorsey

BIRTHPLACE OF FATHER (State or country) Howard Co Md.

MAIDEN NAME OF MOTHER Elizabeth France

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Gassaway

(Address) 1408 Division St.

Filed 4/23 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from April 14 1907 to April 22 1907 that I last saw her alive on April 22 1907, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

One year (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edward J Mealley M.D.

Address 1230 E. Hill Ave

Date April 22 1907

Place of Burial Mt. Auburn Cemetery

Date April 24th 1907

Undertaker Felix Pyle

Address 1026 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

C 0464 Registered No. B C 0464

CERTIFICATE OF DEATH. 1206

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John McKelley

{Residence, if in Baltimore, Give Street and Number.} Mt Winans Md

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Gen'l Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Della Day

(Address) 1113 N. Charles St

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to April 20 1907

that I last saw h[illegible] alive on April 20 1907

and that death occurred, on the date stated above, at 8 25 M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic nephritis

Cardiac hypertrophy

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. Gilman Thompson M.D.

Address Johns Hopkins Hosp 4/22

Date 1907

Place of Burial Mount Auburn Cemetery

Date April 24 1907

Undertaker Felix B Pugh

Address 112 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20

Registered No. B C 0465

C 0465

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 11 Dorsey Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Hoffmann

{Residence, if in Baltimore, Give Street and Number.} 11 Dorsey Lane

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 2 1838

AGE: 68 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Briel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Hoffmann

(Address) 11 Dorsey Lane

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to April 21 1907 that I last saw h er alive on April 21 1907 and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary) Bright's Disease (DURATION) 49 DAYS

(Signed) Henry Hahn M.D.

Address Irvington

Date April 22 1907

Place of Burial Loudon Park.

Date April 24. 1907

Undertaker G. W. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

924

CERTIFICATE OF DEATH.

Registered No. B C 0466

City of Baltimore, (No. 254 S. Bethel St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Mondowney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)	
AGE: 1 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John W Mondowney
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Bertha Smith
BIRTHPLACE OF MOTHER (State or country)	Baltimore City
OCCUPATION OF DECEASED	[illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Mondowney

(Address) 254 S Bethel St

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. (Month) 22nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 17th 1907 to Apr. 22nd 1907

that I last saw h[illegible] alive on Apr. 21st 1907,

and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Acute - Pneumonia

(DURATION) 5 DAYS

Contributory Omnition

(DURATION) since birth DAYS

(Signed) A. T. Ries M. D.

Apr. 22nd 1907 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	April 24 1907
UNDERTAKER	ADDRESS
John W Henderson	21 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 0467 Registered No. B .....

CERTIFICATE OF DEATH.

194

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William Stewart

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Talbot Co Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907

I HEREBY CERTIFY, That I attended deceased from April 5 1907 to April 21 1907 that I last saw h in alive on April 21 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema, Mitral regurgitation

..... (DURATION) ..... DAYS

Contributory (Primar Carcinoma Stomach

..... (DURATION) ..... DAYS

(Signed) R R Vosburgh M.D.

Address Bay View Hosptl.

Date April 22 1907.

Place of Death JOHNS HOPKINS HOSPITAL.

Date APR 23 1907 190

Undertaker William H Woodus

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0468 Registered No. B C 0468

CERTIFICATE OF DEATH. 47 V

(Place of Death.) No. Maryland Avenue St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Johnson Lomax

{ Residence, if in Baltimore, Give Street and Number. } St. Marys Co Md.

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) St. Marys Co Md

FULL NAME OF FATHER Johnson Lomax

BIRTHPLACE OF FATHER (State or country) St. Marys Co. Md

MAIDEN NAME OF MOTHER Emeline Young

BIRTHPLACE OF MOTHER (State or country) St. Marys Co. Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Lemmon asst Warden

(Address)

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1907

I HEREBY CERTIFY, That I attended deceased from April 9 1907 to April 15 1907

that I last saw h alive on April 15 1907

and that death occurred, on the date stated above, at 4-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

1 week (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Lomax M.D.

Address 180 N Chas St

Date April 16 - 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 23 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

118

Ward 14 C 0469 Registered No. B C 0469

CERTIFICATE OF DEATH.

(Place of Death.) No. 1402 Penna ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar F Wenig

{ Residence, if in Baltimore, Give Street and Number. } 1402 Penna ave.

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH May 3 1906

AGE ..... years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Clarence E Wenig

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Fannie Althoff

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence E Wenig

(Address) 1402 Penna Ave

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22nd 1907

I HEREBY CERTIFY, That I attended deceased from April 21st 1907 to April 22 1907 that I last saw h[illegible] alive on April 22 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Bronchitis

Convulsions at Asthma

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John J McCarthy M.D.

Address 656 W Franklin St

Date April 23d 1907

Place of Burial St Peters Cem-

Date April 24th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0470 Registered No. B C 0470

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Ella McDonough

{ Residence, if in Baltimore, Give Street and Number. } 2502 Fait Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 23 1893

AGE: 13 years, 4 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Patrick McDonough

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Barbara Mahle

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Barbara McDonough

(Address) 2502 Fait Ave.

Filed 4/23 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907

I HEREBY CERTIFY, That I attended deceased from December 11 1906 to April 21 1907

that I last saw her alive on April 21 1907

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 4/24 1907

Place of Burial Holy Cross Cem.

Date April 24th 1907

Undertaker Jno A. Inoran

Address 18 Bank St Ann Ste

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0471 Registered No. B C 0471

CERTIFICATE OF DEATH.

118 V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Julia C. Hughes

{Residence, if in Baltimore, Give Street and Number.} 1309 Linden Ave

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 4th 1856

AGE 51 years, 3 months, 19 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) W Va

FULL NAME OF FATHER James E Hughes

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Charlotte E Stephen

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. O. Williams

(Address) 1401 Linden Ave

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 23 1907 that I last saw her alive on April 23 1907, and that death occurred, on the date stated above, at 6.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

General Suppurating Peritonitis

(DURATION) 21 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 7 DAYS

(Signed) R. L. Mitchell M.D.

Address University Hospital

Date April 23rd 1907

Place of Burial Martinsburg W Va

Date April 25th 1907

Undertaker Stewart Brawner Co

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0472 Registered No. B C 0472

644

CERTIFICATE OF DEATH.

Place of Death.) No. 1138 Whalcoat street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Powell

{ Residence, if in Baltimore, Give Street and Number. } 1138 Whalcoat St.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Laurel md

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) .. ..

MAIDEN NAME OF MOTHER .. ..

BIRTHPLACE OF MOTHER (State or country) .. ..

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Johnston

(Address) 1138. Whalcoat

Filed 4/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from April 15, 1907 to April 22 1907 that I last saw h er alive on April 21 1907, and that death occurred, on the date stated above, at 1.35 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac & Respiratory Exhaustion - (Could not take nourishment for over 1 wk.) (DURATION) ..... DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 6 wks DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey

Date April 22. 1907

Place of Burial Laurel Cem

Date April 25 1907

Undertaker Sam'l M. Shade

Address 1011. N. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 ✓

CERTIFICATE OF DEATH. C 0473

Registered No. B

City of Baltimore, (No. 1620 Edmondson Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Frederick Morgan Clary

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	July (Month) 24 (Day) 1899 (Year)
AGE	7 years, 9 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Morgan Granville Clary (dead)
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Clara Emilia Lynn
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. L. Murray

(Address) 1620 Edmondson Ave

Filed 4/24 1907 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1905 to April 1907 that I last saw him alive on April 22 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Heart disease

Insufficiencies valvulae mitralis

Endocarditis (DURATION) DAYS

Contributory Lues Congen. (DURATION) DAYS

(Signed) Dr. A. H. A. Mansen M. D.

11/22 1907 (Address) 1618 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Md	4/24 1907
UNDERTAKER	ADDRESS
Crowley Bros	25 N. Fulton Ave

FORM H. O. 5M. 1907. KOLLMORGEN-WAGNER PTG. CO., BALTIMORE

Ward ..... Registered No. **B** .....

CERTIFICATE OF DEATH.

150

(Place of Death.) No. 1134 Penn.a Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Brown

{ Residence, if in Baltimore, Give Street and Number. } 1134 Penn.a Ave

Duration of Residence in Baltimore. 5 yrs

C. 04474

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William E Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nellen Davis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Brown

(Address) .....

Filed 4/24 1907

JAMES C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from April 23 1907 to April 23 1907 that I last saw h.im alive on April 23 1907, and that death occurred, on the date stated above, at 6 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Non closure

Foramen Ovale (DURATION) 8 DAYS

(Signed) John J Finch M.D.

Address 647 N Lafayette Ave

Date April 23 1907

Place of Burial Mt Auburn Cemetery

Date April 24 1907

Undertaker E A McAllister

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C 0475

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Elizabeth Elms

{ Residence, if in Baltimore, Give Street and Number. } 1216 Division St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Negro

DATE OF BIRTH: 1

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theadore White

(Address) 1702 Gough St

Filed 4/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to April 22 1907 that I last saw her alive on April 21 1907, and that death occurred, on the date stated above, at 12:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure in Consumption (DURATION) 6 DAYS

Contributory (Primary.) Nephritis Chronic (DURATION) ... DAYS

(Signed) Wm. H. Wight M.D.

Address 1373 N. Carey St

Date April 23, 1907

Place of Burial Mt Auburn Cem

Date April 24 1907

Undertaker Theadore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66-V

CERTIFICATE OF DEATH.

Registered No. B C 0476

City of Baltimore, (No. 823, Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A Hasson (Hasson)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 5th 1826 (Month) (Day) (Year)

AGE: 81 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Taylor.

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Jane Gaskide

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Edw. Hasson

(Address) 3310 Cedar Ave.

Filed 4/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to April 24 1907 that I last saw h-r alive on April 23 1907, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Apoplexy.
Left-Hemiplegia with aphasia (DURATION) 9 DAYS
Contributory Senia (DURATION) 2 DAYS

(Signed) R B Norment M. D.

April 24 1907 (Address) 3147 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mount [illegible] | DATE OF BURIAL: April 26 1907

UNDERTAKER: J. C. Wood | ADDRESS: 3.31 Light

WM. J. C. DULANY CO., BALTIMORE.

✓ Removed to 3310 Cedar Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case c ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

of Vital Statistics in the City of Baltimore.

shall die in the said city it shall be the duty of case comes under his notice, to furnish within ial, a certificate setting forth, as far as the same

deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 531 W. Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philipp Dearing

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 6th 1823 (Month) (Day) (Year)
AGE	84 years, 0 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Weyforth

(Address) 531 W. Baltimore St.

Filed 4/24 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 9th 1906 to April 23 1907 that I last saw h im alive on April 22 1907, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Senile bronchitis
Arterio - sclerosis
(DURATION) 5 Yrs DAYS

Contributory Pulmonary oedema
(DURATION) 2 DAYS

(Signed) C. K. Mitchell M. D.

April 23 1907 (Address) 1002 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Cemetery	April 26 1907
UNDERTAKER	ADDRESS
J. Sivers & Co	754 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 0478 Registered No. B C 0478

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 509 Wyeth st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James H. Dove

{ Residence, if in Baltimore, Give Street and Number. } 509 Wyeth st

Duration of Residence in Baltimore 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 26 1844

AGE: 62 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Dove

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Machine hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary A Dove

(Address) 509 Wyeth St

Filed 4/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907

I HEREBY CERTIFY, That I attended deceased from April 22d 1907 to April 23rd 1907 that I last saw h.im alive on April 22d 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis & Valvular disease of Heart

(DURATION) 14 DAYS

Contributory (Primary.) Valvular disease of Heart.

(DURATION) 14 DAYS

(Signed) Chas L. Cochenhour M.D.

Address 418 S. Paca st.

Date April 23rd 1907

Place of Burial London Park Cem

Date Apr 25 1907

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0479

Ward 17 C 0479 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2138 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel J. Joyce

{Residence, if in Baltimore, Give Street and Number.} 2138 Division St

Duration of Residence in Baltimore. Daniel J. Joyce Infirmary

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Joyce

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rebecca Addison.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Teamster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Joyce.

(Address) 2138 Division St.

Filed 4/24/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12 1907 to April 20 1907 that I last saw h alive on April 20 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Epithelioma

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonic Tuberculosis

(DURATION) 90 DAYS

(Signed) Wm H Kaslin M.D.

Address 823 W. North Ave

Date April 20 1907

Place of Burial St Peters Cemetery

Date April 26 1907

Undertaker Felix B Fuge

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0480

Ward IX C 0480 Registered No. B

CERTIFICATE OF DEATH.

45 V

(Place of Death.) No. 317 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret M Barkley

{ Residence, if in Baltimore, Give Street and Number. } 317 Pearl St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Don't Know Month + Day 1848	
AGE 59 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow	
BIRTHPLACE (State or country) Ireland County Tyrone	
FULL NAME OF FATHER William McCarron	
BIRTHPLACE OF FATHER (State or country) Ireland	
MAIDEN NAME OF MOTHER Anne McGrath	
BIRTHPLACE OF MOTHER (State or country) Ireland	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget McCarron Sister-in-law

(Address) 317 Pearl St

Filed 4/24/1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to April 23 1907 that I last saw h— alive on April 22 1907 and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

E of F Cardiac Embolism accompanying blood poisoning (DURATION) DAYS

Con'tributory (Primary.) Mammary and uterine Carcinoma (DURATION) 2 years DAYS

(Signed) W. F. Atkins M.D.

Address 8 W. 25th St

Date April 23 1907

Place of Burial Holy Redeemer Cem

Date April 25 1907

Undertaker M Cadogan

Address 69 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0481 Registered No. B C 0481

114 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1141 N Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Bilson

{Residence, if in Baltimore, Give Street and Number.} 1141 N Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Quebecember 1860

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas J Gray

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank C Bilson

(Address) 1411 N Gilmor St

Filed 4/24 1907 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to April 23rd 1907

that I last saw h.. alive on April 23rd 1907

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Congestion of Liver, Jaundice Asthenia.

(DURATION) 20 DAYS

Contributory (Primary) Hepatic

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 1 West Franklin St.

Date April 24th 1907

Place of Burial London Park

Date April 25th 1907

Undertaker M Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0482 Registered No. B

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 253 S. Centre ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Goldstein

{Residence, if in Baltimore, Give Street and Number.} 253 S. Central ave

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Hyman Goldstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Flora Mendleson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maurice Goldstein

(Address) 253 S Central Ave.

Filed 4/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to April 24 1907 that I last saw h[im] alive on April 23 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial asthma

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Fluder M.D.

Address 1119 E. Balto. St.

Date April 24 1907

Hebrew Cem

Place of Burial Washington Mem

Date April 24 1907

Undertaker Mart Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 27V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 0483

Registered No. B.....

City of Baltimore, (No. 907 Granby St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Jacobs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white.

DATE OF BIRTH: — (Month) — (Day) 1847 (Year)

AGE: 60 years. — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Philipp. Jacobs.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Goldberg.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Shoemaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hyman

(Address) 118 Aliceanna st

Filed 4/24 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 23 1907 to Apr. 24 1907 that I last saw h in alive on Apr. 24 1907, and that death occurred, on the date stated above, at 9 30 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

10 years (DURATION) DAYS

Contributory Dyspnoea

4 (DURATION) DAYS

(Signed) M. Hirschman M. D.

Apr. 24 1907 (Address) 900 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt. Pleasant Rd. Woodlawn — DATE OF BURIAL: April 26 1907

UNDERTAKER: Max Levinson — ADDRESS: 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0484

City of Baltimore, (No. 723; Braunans Court St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachael Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know.

MAIDEN NAME OF MOTHER: Mamie Hardman

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Fielde

(Address) 1102 Goodman'ed.

Filed 4/24 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 10th 1907 to April 23rd 1907 that I last saw her alive on April 22nd 1907, and that death occurred, on the date stated above, at 12 a M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 13 DAYS

Contributory Bronchitis

(DURATION) 13 DAYS

(Signed) H. N. Mitchell M. D.

April 23rd 1907 (Address) Chestnut St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 4/26 1907

UNDERTAKER: John H. Toadvine — ADDRESS: 1426 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B C 0485

CERTIFICATE OF DEATH.

(Place of Death.) No. 833 Leadenhall Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cordelia Bivens

{Residence, if in Baltimore, Give Street and Number.} 833 Leadenhall Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1873

AGE: 34 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Alfred Bivens

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Annie Bivens

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raymond Bivens (uncle)

(Address) 869 Leadenhall St.

Filed 4/24/07

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21, 1907.

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to April 21 1907

that I last saw her alive on April 21 1907,

and that death occurred, on the date stated above, at 10:05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 4 mos DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 mos DAYS

(Signed) A. F. Fowler M.D.

Address 714 E. Lexington

Date April 22 1907

Place of Burial Mount Auburn Cemetery

Date April 24 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...Baltimore.

Ward 10 C 0486 Registered No. B C 0486

CERTIFICATE OF DEATH.

(Place of Death.) No. 2867 E. Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Harms

{ Residence, if in Baltimore, Give Street and Number. } 2867 E Fayette St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August 14th 1847
AGE	59 years, 8 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Harms

(Address) 2867 E. Fayette St

Filed 4/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to April 23 1907

that I last saw h in alive on April 23 1907,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Warner M.D.

Address 1120 Highlanders

Date April 24 1907

Place of Burial Trinity Cemetery

Date April 25th 1907

Undertaker H. SANDER & SON

Address 1708-1710 Canton Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C 0487

Registered No. B

6V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexa Milosevic

{ Residence, if in Baltimore, Give Street and Number. } Emmitsburg

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH April 23 1889

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schmaehe & Co.

(Address) S. E. Gay St.

Filed 4/24/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 13 190 7 to Apr. 23 190 7

that I last saw h[illegible] alive on Apr. 23 190 7,

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Measles

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date April 24 1907

Place of Burial Evangelical Cemetery

Date April 24 1907

Undertaker H. Zander & Sons

Address 1910 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0488

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19v

CERTIFICATE OF DEATH.

Registered No. BC 0488

City of Baltimore, (No. 1251, E. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine A. Schmick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 8 (Day) 1823 (Year)

AGE: 84 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Henry Schmick

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Garlach

(Address) 1213 E. Fraliver St.

Filed 4/24 190 7

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 23d (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 190 to Apr 23d 1907 that I last saw her alive on Apr 23d 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) DAYS

Contributory Heart failure

(DURATION) DAYS

(Signed) Howard C. Silver M. D.

Apr 24 1907 (Address) 1914 Bucknor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Apr 26 1907

UNDERTAKER: Josiah Depue

ADDRESS: Howard & Martin Ave

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17K C 0439 Registered No. B C 0489

CERTIFICATE OF DEATH. 1796

(Place of Death.) No. 1508 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Cagers

{ Residence, if in Baltimore, Give Street and Number. } 1508 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH March 14 1904

AGE 2 years, 10 months, 16 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo. Cagers

BIRTHPLACE OF FATHER (State or country) Howard Co. Md

MAIDEN NAME OF MOTHER Bertha Clarkton

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Samuel H Dennis

(Address) 1332 Presstman St

Filed 4/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from March 5 1907 to April 22 1907 that I last saw h alive on April 22 1907, and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. C. Morton M.D.

Address 63 & E Gilmor

Date April 24 1907

Place of Burial Mt Auburn

Date April the 26 1907

Undertaker Samuel H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Undertaker, or other person superintending the burial, to furnish within twenty-four hours after death, to the Coroner, when the case comes under his notice, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11th C 0490 Registered No. B C 0490

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 N. Grove St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Krank

{Residence, if in Baltimore, Give Street and Number.} 113 N. Grove St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 19th 1898

AGE: 9 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Krank

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret Beck

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Krank

(Address) 113 N. Grove St

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 23 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1 1907 to Apr. 23 1907 that I last saw him alive on Apr. 20 1907, and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Traumatic Meningitis

(Boy was working with Playmate, when he fell striking back of his head on ground, boy a typ of this) (DURATION) 54 DAYS

Contributory (Primary.) A.D.D. (DURATION) DAYS

(Signed) G. G. Rinck M.D.

Address 2000 E. Baey St

Date Apr. 24 1907

Place of Burial Mt Carmel

Date April 25th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Spans permit but make inquiries at once as to negro

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VI

C 0491

Registered No. B C 0491

1544

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Light St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Banthem

Residence, if in Baltimore, Give Street and Number. 915 Light St.

Duration of Residence in Baltimore. 57 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 11 1811

AGE: 95 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Redding Pa.

FULL NAME OF FATHER: Charles Sterling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mrs Raser

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs George Banthem

(Address) 915 Light

Filed 4/24 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 23/07. 190

I HEREBY CERTIFY, That I attended deceased from Apr. 2 1907 to Apr. 23/07 190

that I last saw her alive on Apr. 22/07 190,

and that death occurred, on the date stated above, at 4:30 A.M.

A.M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) 30 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 7 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light. st.

Date Apr. 23/07. 190

Place of Burial Mount Olivet

Date Apr. 25 1907

Undertaker J. Wm McCabe

Address 29 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0492

City of Baltimore, (No. 1117 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William F. Krimes

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May (Month) 21 (Day) 1870 (Year)

AGE: 36 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Herman F. Krimes

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lange

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Painter, Glazier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 N. Lombard

Filed 4/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from November 19 1906 to April 22 1907 that I last saw him alive on April 22 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

General Failure resulting from Tuberculosis Peritonitis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Geo Branin M. D.

Apr 23 1907 (Address) 400 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: April 26th 1907

UNDERTAKER: John J. Fields

ADDRESS: 1200 N. Lombard St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0493 Registered No. B C 0493

CERTIFICATE OF DEATH.

81 V

(Place of Death.) No. 1006 Hillman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Wilson McCleary

{Residence, if in Baltimore, Give Street and Number.} 1006 Hillman St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 56 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Murphy

(Address) 1006 Hillman St

Filed 4/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Apr 22nd 1907 to Apr 23rd 1907 that I last saw h[im] alive on Apr 22nd 1907 and that death occurred, on the date stated above, at 3.00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Arterio-Sclerosis

(DURATION) 2 DAYS

Con'ributory (Primary.) Exposure

(DURATION) 2 DAYS

(Signed) Jas. Bourke Boyle M.D.

Address 1001 N. Calvert St.

Date Apr. 24th 1907

Place of Burial Holy Cross

Date April 25 1907

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 0494 Registered No. B 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 875 W. Fayette St. C 0494 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. L. Gracey

{ Residence, if in Baltimore, Give Street and Number. } 875 W. Fayette St.

Duration of Residence in Baltimore. Four Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 4th 1866

AGE 40 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Philadelphia Pa.

FULL NAME OF FATHER James Browley.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Elizabeth Graham

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert J. Browley

(Address) Howard House Washington D.C.

Filed 4/24 1907 Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907

I HEREBY CERTIFY, That I attended deceased from April 1906 to April 23 1907

that I last saw h[illegible] alive on April 22 1907

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

(DURATION) DAYS

Contributory (Primary.) Diabetes Melitus

+ Consequent Nephritis (DURATION) DAYS

(Signed) Geo. A. Strauss M.D.

Address 420 Hanover St

Date April 23 - 1907

Place of Burial Philadelphia Pa.

Date April 25th 1907

Undertaker Mr & Mrs John H. Teufel

Address 801 W. Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 0495

C 0495

CERTIFICATE OF DEATH.

C 0495 79 ✓

(Place of Death.) No. 205 E. Hamburg St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthews Haupt

{Residence, if in Baltimore, Give Street and Number.} 205 E. Hamburg.

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 23rd 1823

AGE: 83 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Cooper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Burke.

(Address) 728 E. Carrollton Ave

Filed 4/24 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 20 1907 to Apr 24 1907

that I last saw him alive on Apr 24 1907

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Since my 1st visit (DURATION) 5 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St

Date April 24 1907

Place of Burial Loudon Park Cem

Date April 26th 1907

Undertaker Jno & Jnos John H. Teufel

Address 801 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0496 V

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

51

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara G Earle

{ Residence, if in Baltimore, Give Street and Number. } Easton Md

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 19 1859

AGE 48 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John C Earle.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Clara E Goldsborough

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr M. G. Earle.

(Address) Easton Md

Filed 4/24/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 24 1907

that I last saw her alive on April 24 1907

and that death occurred, on the date stated above, at 7 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilatation of Heart

(DURATION) DAYS

Con'tributory (Primary.) Exophthalmic Goiter

(DURATION) DAYS

(Signed) S S Krauss M.D.

Address Johns Hopkins Hospital

Date 4/24 1907

Place of Burial Easton Md

Date APR 24 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 1204

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry Bernier

{ Residence, if in Baltimore, Give Street and Number. } ..... Bernier

Duration of Residence in Baltimore. .....

C. 04197

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... 1.....

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Buffalo N.Y.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Holyday, Supt.

(Address) ..... BAY VIEW ASYLUM.

Filed ..... 190 ..... EDWIN C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 23 1907 that I last saw him alive on April 23 1907, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia, Paraplegia
Chronic diffuse
Nephritis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date April 23 1907

Place of Burial JOHNS HOPKINS HOSPITAL APR 24 1907

Date ..... 190 ....

Undertaker Mrs S Sheridan

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

123

Ward C 0455 Registered No. B C 0455

CERTIFICATE OF DEATH.

36V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Otto + Katie Hanff.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 19 1907

AGE ..... years, 1/2 Low months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Otto Hanff

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Katie Hanff

BIRTHPLACE OF MOTHER (State or country) Germany Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed April 24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19th 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 19 1907

that I last saw him alive on April 19 1907

and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Syphilis

Pneumonia Alba.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. C. Peterson M.D.

Address Johns Hopkins Hospital

Date April 20 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

APR 24 1907

Date ..... 190....

Commissioner Health.

Undertaker .....

Address Street Superintendent

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

12 3

Ward X 4 C 0499 Registered No. B

CERTIFICATE OF DEATH.

C 0499
19V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Rayan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: about 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1907

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to April 21 1907 that I last saw h-m alive on April 21 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Mitral Insufficiency

and Nephritis (DURATION) DAYS

(Signed) E. W. White M.D.

Address University Hospital

Date Balto April 24 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 24 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

133

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1540

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 2834, W. Lanvale St.; 16th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Holton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white.

DATE OF BIRTH: Sept. (Month) 27 (Day) 1808 (Year)

AGE: 98 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Mc Wiggin

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary Leeke

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Dickson

(Address) 3053 W. North ave.

Filed Apr 24 1907

HARRY C. [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 22 1907 to Apr. 23 1907 that I last saw her alive on Apr. 23 1907, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Old age from general exhaustion.

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) J. C. Dickson M. D.

Apr. 23d 1907 (Address) 3053 W. North ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Apr 25 1907

UNDERTAKER: Wm Cook.

ADDRESS: 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 0501 Registered No. B C 0501

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McDonough

{Residence, if in Baltimore, Give Street and Number.} 416 Eutaw

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Aug. 1838
AGE	24 years, ... months, ... days
SINGLE, MARRIED, WIDOWED OR DIVORCED	
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John McDonough
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ellen Flaherty
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen McDonough

(Address) 2050 Bank St.

Filed 4/25/ 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Apr 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 4 ...

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia of Right (acute)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Joseph Cummins M.D.

Address Eutaw Md

Date Apr 22 - 1907

Place of Burial St. Patricks Cem

Date Apr. 25th 1907

Undertaker John G. Inman

Address Bank & Gamble Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

CERTIFICATE

(Place of Death.) No. 232 Stemmers Alley

Full Name Nicola Constantina

C 0502

{ Residence, if in Baltimore, Give Street and Number. } 232 Stemmers Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE — years, 7 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Domonic R Constantine

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Domonick Constantine

(Address) 232 Stemmers Alley

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 24 1907

I HEREBY CERTIFY, That I attended deceased from Apr 14 1907 to Apr 24 1907

that I last saw h... alive on Apr 24 1907,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 227 Aisquith St

Date Apr 24 1907

Place of Burial St. Ursula's

Date Apr. 26" 1907

Undertaker Arundell & Appelson

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 0503 — Registered No. B C 0503

1794

CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant James Watts.

{ Residence, if in Baltimore, Give Street and Number. } 1514 Fremont ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	1
AGE	..... years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Charles Watts
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Annie Wise
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Watts

(Address) 1514 Fremont ave

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from April 14 1907 to April 23 1907 that I last saw him alive on April 22 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. St. C. Wright M.D.

Address 1373 N. Carey St

Date April 23 1907

Place of Burial Mt Auburn Cemetery

Date April 25 1907

Undertaker William J. Johnston

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 0504 Registered No. B C 0504

CERTIFICATE OF DEATH.

(Place of Death.) No. 638 Smith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sam Jones

{Residence, if in Baltimore, Give Street and Number.} 638 Smith St.

Duration of Residence in Baltimore. 29 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR colored

DATE OF BIRTH Jan 12 1868

AGE 29 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Henry Jones

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Campbell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Dairy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Jones

(Address) 638 Smith St.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr 18 1907 to Apr 23 1907 that I last saw him alive on Apr 22 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid complication.

(DURATION) 10 DAYS

Con'tributory (Primary.) Typhoid

(DURATION) DAYS

(Signed) Geo. B. Scholl M.D.

Address 1005 W. Lanvale St.

Date Apr 23 1907

Place of Burial Mt. Auburn Cemetery

Date April 25 1907

Undertaker William J. Johnson

Address 614 Baker Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — C 0505 — Registered No. B C 0505

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 W. Bond St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Kirby

{Residence, if in Baltimore, Give Street and Number.} 1103 W. Bond St.

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 12 1848
AGE	59 years, 3 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	J. W. Muth
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Mary White
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Muth

(Address) 1103 W. Bond St

Filed 4/25/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to April 24 1907

that I last saw h[illegible] alive on " 23 1907

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetic Coma (DURATION) 1 DAYS

Contributory (Primary.) Diabetes Mellitus (DURATION) 3 or 4 YEARS

(Signed) Geo. A. Shuman M.D.

Address 112 N. Carolina St.

Date April 24 1907

Place of Burial Balto Cemetery

Date April 26 1907

Undertaker Henry Lutz

Address 1087 W. Bond St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 0506 Registered No. B C 0506

CERTIFICATE OF DEATH.

77V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Galloway

{Residence, if in Baltimore, Give Street and Number.} 510 S Bethel St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1852

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/24 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to April 22 1907

that I last saw her alive on April 22 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) R R Konig M.D.

Address Bay View Hospital

Date April 22 1907

Place of Burial First United Evang Cemetery

Date April 25th 1907

Undertaker D C Luckey Son

Address 1725 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd

C 0507

Registered No. B C 0507

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 S Wolfe St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andreas Lenz

{Residence, if in Baltimore, Give Street and Number.} 104 S. Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 19th 1889
AGE	18 years, 3 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John Lenz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Margaret Schmitt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lenz

(Address) 104 S. Wolfe St.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23d 1907.

I HEREBY CERTIFY, That I attended deceased from March 8th 1907 to April 23d 1907. that I last saw him alive on April 23d 1907., and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Three days (DURATION) DAYS

Contributory (Primary) Typhoid Fever Pneumonia

six weeks (DURATION) one DAYS

(Signed) Fredk. A. Conradi, M.D.

Address 2721 E. Baltimore St.

Date April 24th 1907.

Place of Burial Holy Redeemer Cem

Date April 27th 1907.

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 C 05[illegible] Registered No. B C 0508

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Powell

{Residence, if in Baltimore, Give Street and Number.} 1610 Hoffman ave

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: January 4 1

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address) Lamar Hollyday, Supt.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to April 24 1907

that I last saw h[illegible] alive on April 24 1907,

and that death occurred, on the date stated above, at 5.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date April 24 1907

Place of Burial Baltimore

Date April 26 1907

Undertaker Robt J Turner

Address Balto, Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C 0509 — Registered No. B C 0509

154 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 201 W. Laurale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elizabeth Dickey

{Residence, if in Baltimore, Give Street and Number.} 201 W. Laurale Stree

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH October 9th 1814

AGE 90 years, 6 months, 19 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) New York City

FULL NAME OF FATHER Robert Dickey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anne Boone

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED No occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice F. Tiffany

(Address) 201 W. Laurale St.

Filed 4/25 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24. 1907.

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to April 24 1907 that I last saw her alive on April 24 1907. and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 50 DAYS

Contributory (Primary) Old Age

(DURATION) DAYS

(Signed) Alfred Hanstall, M.D.

Address 921 Cathedral St.

Date April 25. 1907 ✓

Place of Burial Philadelphia Pa

Date April 26" 1907

Undertaker H. J. Wenkind Sons Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 0510 Registered No. B C 0510

45V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Rodgers

{ Residence, if in Baltimore, Give Street and Number. } Woodlawn Balt. Co.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 25th 1839
AGE	68 years, months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Do not know
BIRTHPLACE OF FATHER (State or country)	Do not know
MAIDEN NAME OF MOTHER	Do not know
BIRTHPLACE OF MOTHER (State or country)	Do not know
OCCUPATION OF DECEASED	Liquor Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Rodgers

(Address) 10 E Madison St.

Filed 4/25/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23d 1907

I HEREBY CERTIFY, That I attended deceased from April 17th 1907 to April 23d 1907 that I last saw h im alive on April 20 1907, and that death occurred, on the date stated above, at 2-15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Sarcoma operation

(DURATION) 3 DAYS

(Signed) H. C Irwin M.D.

Address St Joseph's Hospital

Date April 23d 1907 190

Place of Burial New Cathedral Cem

Date April 26th 190 7

Undertaker Henderson Bro Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 0511 Registered No. B 6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mamie Levine

{Residence, if in Baltimore, Give Street and Number.} 423 S. Eden et

Duration of Residence in Baltimore. Life C.05

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Levine

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Lipschitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Levine

(Address) 423 S Eden st

Filed 4/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 25- 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 22-6 1907 to Apr 25 1907 that I last saw h— alive on Apr 25 1907, and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

— Meningitis, following Two weeks after Measles (DURATION) 5 DAYS

Contributory (Primary.) Measles? (DURATION) DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Apr 25- 1907

Place of Burial Philips Rd Ross Dale

Date April 25, 1907

Undertaker May Jennings Co

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0512 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 S Shroeder St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Burns

{ Residence, if in Baltimore, Give Street and Number. } 106 S Shroeder st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct 1
AGE	17 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Michael Burns
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Agnes Curley
BIRTHPLACE OF MOTHER (State or country)	Ireland Maryland
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Burns

(Address) 105 S Shroeder st

Filed 4/25/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to ~~Dec~~ April 23 1907

that I last saw h[illegible] alive on April 23 1907,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

7 months

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) J. E. Turner M.D.

Address 855 Columbia ave

Date April 24 1907

Place of Burial St Peters

Date April 26 1907

Undertaker John F Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B C 0513

C 0513

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Laura A. Steave

{Residence, if in Baltimore, Give Street and Number.} 506 Hickory Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 1861
AGE	46 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Co
FULL NAME OF FATHER	Samuel A Miller
BIRTHPLACE OF FATHER (State or country)	Balto Co Md
MAIDEN NAME OF MOTHER	Elizabeth Keith
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Laura Steave

(Address) 506 Hickory Ave

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Apr Dec 1906 to Apr 23 1907 that I last saw her alive on Apr 23rd 1907, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia + Collapse

(DURATION) 5- DAYS

Contributory (Primary.) Phthisis Pulm about 1 yr

(DURATION) DAYS

(Signed) Wm. H. Fredericson M.D.

Address 800 1st Ave

Date Apr 25-1907

Place of Burial Mt Olivet

Date Apr 25- 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

66 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0514

City of Baltimore, (No. 410 E 26th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles M. Childs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: Wh

DATE OF BIRTH: ..... (Mouth) ..... (Day) 1 Year)

AGE: 55 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co. Md

FULL NAME OF FATHER: Geo W Childs

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Clara Sullivan

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie C Childs

(Address) 410 E. 26th St

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to April 24 1907 that I last saw h in alive on April 10 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Paralysis

..... (DURATION) 2 Yrs DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. N Fair M. D.

April 25 1907 (Address) 12. S 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cem	April 26 1907
UNDERTAKER	ADDRESS
Wm Cook	502 E Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 0515

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0515

City of Baltimore, (No. 307 Mosher St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thos. Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: 4 (Month) 21 (Day) 1907 (Year)

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos. O. Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jessie Helges

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Thos. Jones

(Address) 307 Mosher St.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 21 1907 to Apr 24 1907 that I last saw h[im] alive on Apr 24 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Premature Birth

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Albert F. Conrey M. D.

Apr 24 1907 (Address) 1533 John St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Co.	Apr 26 1907
UNDERTAKER	ADDRESS
Lowe & Co.	502 E. Fayette St.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 0516

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0516

City of Baltimore, (No. 307 Mosher St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Enoch Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 4 (Month) 21 (Day) 1907 Year)

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos. O. Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jessie Hedges

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Thos. Jones

(Address) 307 Mosher St.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 21 1907 to Apr 24 1907 that I last saw h~~im~~ alive on Apr 23 1907; and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Premature Birth

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Albert F. Comeg M. D.

Apr 24 1907 (Address) 1533 John St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: Apr 26 1907

UNDERTAKER: Wm Pook

ADDRESS: 1302 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 0517 Registered No. B C 0517

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 E Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Matthias Matthias

{ Residence, if in Baltimore, Give Street and Number. } 121 E Church St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 10. 1907

AGE — years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City Matthias

FULL NAME OF FATHER John Wm Matthias

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Ella Quirk

BIRTHPLACE OF MOTHER (State or country) Balto City Do Do

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Matthias

(Address) Brooklyn Anne Co Md

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to April 23 1907

that I last saw him alive on April 22 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

Pneumonia Lobular

(DURATION) 3 Days

Contributory (Primary.)

Pleurisy (DURATION) 7 DAYS

(Signed) Theodore Bratton M.D.

Address 914 N Olive St

Date April 23. 1907

Place of Burial Western Cem.

Date April 25th. 1907

Undertaker E. Hoole

Address 115 E West St.

WM. J. C. DULANY CO., BALTIM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40 V

CERTIFICATE OF DEATH.

Registered No. B.C. 0518

City of Baltimore, (No. 1236 N. Washington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katerena Kocka

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. (Month) 10 (Day) 1851 (Year)

AGE: 56 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER: Joseph Tikal

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Marseck

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: House-work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kocka

(Address) 1236 N. Washington St.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to April 22 1907

that I last saw h[illegible] alive on April 22 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Carcinoma Liver

6 months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Irving Miller M. D.

April 23 1907 (Address) 1734 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: 4/26 1907

UNDERTAKER: J. Herring & Son | ADDRESS: 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same shall be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0519

City of Baltimore, (No. 210 N Madeira St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Glenk Glenk

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 26 1848 (Month) (Day) (Year)
AGE	60 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Christoph Ludwig Mayer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna Mayer
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Glenk

(Address) 210 N. Madeira St.

Filed 4/25 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 23 1907

that I last saw h alive on April 23 1907,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Valvular Dis Heart
Asthma
2 weeks (DURATION) DAYS
Contributory Asthma
(DURATION) DAYS

(Signed) Frank D Thorpe M. D.

April 24 1907 (Address) 1500 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak-Lawn	4/26 1907
UNDERTAKER	**ADDRESS**
J. Hennig & Son	2008 Orleans

Ward ..... Register No. B .....

C 0520

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 701 N. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Fetsch

{ Residence, if in Baltimore, Give Street and Number. } 701 N. Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 8th 1859

AGE 46 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jos. Fetsch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Processer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ferd. Fetsch

(Address) 701 N. Collington Ave

Filed 4/25 7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1907

I HEREBY CERTIFY, That I attended deceased from Feby 13 1907 to April 21 1907 that I last saw h... alive on April 21 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Con'tributory, (Primary.)

(DURATION) ... DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date April 24th 1907

Place of Burial Mt. Carmel Cem.

Date 4/25/07 190...

Undertaker J. Herwig Son

Address 900 & Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0551 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2422 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Spitznagle

{ Residence, if in Baltimore, Give Street and Number. } 2422 E. Biddle St

Duration of Residence in Baltimore: 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 1840
AGE	67 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Martin Siege
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Spitznagle

(Address) 2422 E Biddle St

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 28th 1907 to April 24th 1907 that I last saw her alive on April 23rd, 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation and Asthenia

(DURATION) 5 DAYS

Contributory (Primary) Tumor (Probably Carcinoma) in Rectum (DURATION) 4 DAYS.

(Signed) Albert S. Singewald M.D.

Address 1202 N. Patterson Park Ave.

Date April 25th, 1907

Place of Burial Balto. Cem.

Date 4/26/07 1907

Undertaker J. Henrig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 Bruce St. (If Death occurred in Hospital or Institution, Give Its Name Instead of Street and Number)

Full Name Lewis Grant Dant

{Residence, if in Baltimore, Give Street and Number.} 1914 Bruce St

Duration of Residence in Baltimore. Life

C.0522

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Nov. 19th 1906	
AGE: — years, 5 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Lewis Grant	
BIRTHPLACE OF FATHER (State or country): D. C.	
MAIDEN NAME OF MOTHER: Dollie Hopkins	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dollie Hopkins

(Address) 574 Biddle st.

Filed 4/25/1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24th 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

died suddenly (DURATION) .... DAYS

Con'ributory (Primary.) ....

(DURATION) .... DAYS

(Signed) Lilian Baldwin M.D.

Address Two Log. ave. (County)

Date April 24th 1907

Place of Burial Mount Auburn

Date April 25th 1907.

Undertaker J. H. Bowers & Son

Address 1122 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

True

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mathilda Thune

{ Residence, if in Baltimore, Give Street and Number. } 741 W. Lexington St.

Duration of Residence in Baltimore. 9 years C.0583

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — 1 —

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: Oloff Johnson

BIRTHPLACE OF FATHER (State or country): Norway

MAIDEN NAME OF MOTHER: Marie —

BIRTHPLACE OF MOTHER (State or country): Norway

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1906 to April 24 1907 that I last saw h.r alive on April 23 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date April 24 1907

Place of Burial Mt Olivet Cem

Date April 26th 1907

Undertaker Geo J Smith & Co

Address 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 0524 Registered No. B C 0524

247

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Torrence

{ Residence, if in Baltimore, Give Street and Number. } Fairfield ave bet 7, Md

Duration of Residence in Baltimore.

C. 0524

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): N.C.

FULL NAME OF FATHER: Joseph F. Torrence

BIRTHPLACE OF FATHER (State or country): N.C.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): N.C.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Torrence

(Address) Fairfield A.A. Co.

Filed 4/25 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 190 7

I HEREBY CERTIFY, That I attended deceased from April 18 190 7 to April 24 190 7

that I last saw him alive on April 24 190 7

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address The Johns Hopkins Hospital

Date 4/24 190 7

Place of Burial Salisbury - N. Carolina

Date April 25 190 7

Undertaker M. Daylee & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 653 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Lembach.

{Residence, if in Baltimore, Give Street and Number.} 653 Dover, St.

Duration of Residence in Baltimore. 22 years. C-0525

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 28th 1866

AGE 41 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gustav Lembach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Lembach

(Address) 653 Dover st

Filed 4/25/07 190

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23, 1907

I HEREBY CERTIFY, That I attended deceased from Jany 26, 1907 to Apr. 23, 1907 that I last saw h im alive on Apr. 23, 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis &
Tubercular Peritonitis.

(DURATION) 3 Months,

Contributory (Primary.) Duodenal Ulcer

(DURATION) ___ DAYS

(Signed) Albert J. Chambers, M.D.

Address 614 S. Paca St

Date April 25, 1907

Place of Burial London Park Cemetery

Date April 26th 1907

Undertaker Geo Lewis Lochner

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 Mary Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse Houck

{ Residence, if in Baltimore, Give Street and Number. } 2000 Mary Anna St

Duration of Residence in Baltimore. 56 years about C.0526

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 33 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joshua Houck

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Houck

(Address) 2000 Mary Anna St

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from Feby 11 1907 to Apr 24 1907 that I last saw him alive on Apr. 23 1907 and that death occurred, on the date stated above, at 9 20 a. M. CAUSE OF DEATH (Secondary or Immediate

Bright Disease

(Chronic)

Unknown (DURATION) ——— DAYS

Contributory (Primary.) ———

(DURATION) ——— DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date April 24 1907

Place of Burial Balto Cemetery

Date April 27 1907

Undertaker John J. Bowman

Address 1901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0527

City of Baltimore, (No. 1311 N. Parrish Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH Unknown (Month) 1 (Day) (Year)

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Boston

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Emily Frost.

BIRTHPLACE OF MOTHER (State or country) Maryland -

OCCUPATION OF DECEASED Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Boston

(Address) 1311 Parrish Alley.

Filed 4/25/07

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 22. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to April 22 1907 that I last saw h.. alive on April 22 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Hepatitis.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. Thomas Nelson M. D.

April 24 1907 (Address) 1300 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	25 1907
UNDERTAKER	ADDRESS
R L Parham	213 Parish

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No 877 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Adelaide Williams

{ Residence, if in Baltimore, Give Street and Number. } 877 Raborg St

C 0528

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH April 23 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. Broden

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Adeline Williams

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adelaide Williams

(Address) 847 Raborg St.

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from 4-23 1907 to 4-24 1907 that I last saw h alive on 4-24 1907, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) DAYS

Contributory (Primary) Premature delivery

(DURATION) DAYS

(Signed) P O Dees, M.D.

Address 622 N. Lombard St

Date April 25 1907

Place of Burial Mt Auburn Cem

Date April 25 1907

Undertaker John H. Tradrin

Address 1420 W. Fdl St.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0529

City of Baltimore, (No. 323 W. Henrietta St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Strickling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St. Marys County

FULL NAME OF FATHER: Peter Morgan

BIRTHPLACE OF FATHER (State or country): St. Marys County

MAIDEN NAME OF MOTHER: Lillie Manicker

BIRTHPLACE OF MOTHER (State or country): St. Marys County

OCCUPATION OF DECEASED: married — factory

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) the Mother

(Address) 321 Henryetta St

Filed 4/25 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to the 22nd April 1907 that I last saw her alive on 22nd April 1907, and that death occurred, on the date stated above, at 4 p.m. The CAUSE OF DEATH was as follows:

Cancer of uterus

(DURATION) 330 DAYS

Contributory Exhaustion

Hemorrhage (DURATION) 4 DAYS

(Signed) H. J. Roden M. D.

April 24th 1907 (Address) 17 So. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	4/26 1907
UNDERTAKER	ADDRESS
John H. Toadvin	142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40 ✓

(Place of Death.) No. 1415 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A. White

{ Residence, if in Baltimore, Give Street and Number. } 1415 Harford Ave

Duration of Residence in Baltimore. 70 years C 0530

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE Either 77 ✓ years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Wayne White

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sullivan

(Address) 1415 Harford ave.

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Apl 24 1907

that I last saw her alive on Apr. 22 1907

and that death occurred, on the date stated above, at 9 ✓ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Pylorus

One year's (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Wm J Watson M.D.

Address 5 W Preston St

Date Apl 25 1907

Place of Burial St. Mary's Cemetery Baltimore

Date April 27th 1907

Undertaker Henry Hoeche & Son

Address 1201 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 0531

CERTIFICATE OF DEATH.

(Place of Death.) No. 37 E. 21st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice E. Mankin

{Residence, if in Baltimore, Give Street and Number.} 37 E. 21st St.

Duration of Residence in Baltimore. 27 years

C 0531

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 23rd 1840

AGE: 66 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: Henry Mankin

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah A. Foard

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos R Foard

Address 1026 N Calvert St

Filed 4/25 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1906 to April 24 1907

that I last saw her alive on April 24 1907

and that death occurred, on the date stated above, at 6.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (DURATION) DAYS

Con'ributory (Primary) Organic heart disease (DURATION) DAYS

(Signed) Jas M. Geraghtie M.D.

Address 1730 N. Charles St

Date April 25 1907

Place of Burial Greenmount Cem

Date April 26th 1907

Undertaker Henry H. Justice Sons

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

9 V

(Place of Death.) No. 2012 Hudson alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Stephany

{Residence, if in Baltimore, Give Street and Number.} 2012 Hudson alley

Duration of Residence in Baltimore. 30 yrs

C 0532

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland Co Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Stephany

(Address) 2012 Hudson

Filed 4/25 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 24 1907

that I last saw h she alive on April 24 1907,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 24 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 24 DAYS

(Signed) C. N. Green M.D.

Address 718 S. Mark Place

Date April 25 1907

Place of Burial Laurel Cemetery

Date April 26 1907

Undertaker R. F. Williams

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

CERTIFICATE OF DEATH.

13V

(Place of Death.) No. 534 Calvin St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Edwards

{ Residence, if in Baltimore, Give Street and Number. } 534 Calvin St

C 06533

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	— 1
AGE	26 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Lewis Edwards
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Eliza Brown
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Farthers

(Address) 534 Calvin St

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 24 1907

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8

1. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 E Caroline St

Date Apr. 26 1907

Place of Burial Mugothy Md Stoney Creek

Date April 28 1907

Undertaker P. F. Eblenett

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 0534
177

CERTIFICATE OF DEATH.

(Place of Death.) No. 2117 Christian St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabith Rinne

{ Residence, if in Baltimore, Give Street and Number. } 2117 Christian St

C.0534

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 23rd 1907

AGE: 0 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Rinne

(Address) 2117 Christian St

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Febry 9th 1907 to April 23rd 1907 that I last saw her alive on April 23rd 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy & Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Bamm M.D.

Address 2017 Wilkens Ave

Date April 25th 1907

Place of Burial London Park Cemetery

Date April 26 1907

Undertaker Mrs Andrew Robertson

Address 730 Emma Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

C 0535

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mariah Hungerford

{ Residence, if in Baltimore, Give Street and Number. } 807 Saint Paul Street

Duration of Residence in Baltimore. .....

C 0535

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: .....1.....

AGE: 60 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Simons

(Address) 807 St Paul st.

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24" 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to April 24 1907 that I last saw her alive on April 24 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary embolism

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Breast

Varicose Veins (DURATION) DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hospital

Date April 25 1907

Place of Burial Cathedral Cemetery

Date April 27th 1907

Undertaker Lehigh B Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 Hudson St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Thomas Wright.

{ Residence, if in Baltimore, Give Street and Number. } 2018 Hudson St.

Duration of Residence in Baltimore. 25 Years C 0536

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Wright

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Henrietta Wright

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Wright

(Address) 2018 Hudson.

Filed 4/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 25 1907

that I last saw him alive on April 25 1907

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion Dentia

Pneumonia

Due

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis 6 mos

(DURATION) DAYS

(Signed) Geo. W. Bagley M.D.

Address 521 E. Lanvale

Date April 25 1907

Place of Burial Mt. Auburn Cemetery

Date April 27th 1907

Undertaker Felix P. Pye.

Address 1026 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 York Road. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allen C. Buschman

{ Residence, if in Baltimore, Give Street and Number. } 2016 York Road

Duration of Residence in Baltimore. Life C0537

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 28 1867

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Buchman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Georgie Bell

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Buchman

(Address) 2016 York Road

Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on 190 30

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Senden

..... (DURATION) ..... DAYS

Contributory (Primary.) Alcoholism

..... (DURATION) ..... DAYS

(Signed) Theodore Smallwood M.D.

Address 1118 N. Chas. St

Date April 27 1907

Place of Burial Loudon Cemetery

Date April 26 1907

Undertaker C. J. Wiedefeld Co

Address 343 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1932 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Huebschmann

{ Residence, if in Baltimore, Give Street and Number. } 1932 E. Fayette

Duration of Residence in Baltimore. life

C. 0538

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 16 / 1907

AGE: ..... years, 1/2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nicholas Huebschmann

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine Ebert

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Huebschmann

(Address) 1932 E. Fayette St.

Filed 4/28-7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 25 / 1907

I HEREBY CERTIFY, That I attended deceased from April 24 / 1907 to April 25 / 1907

that I last saw h.. alive on April 24 / 1907,

and that death occurred, on the date stated above, at 5- A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) ..... DAYS

(Signed) A. T. Rocks M.D.

Address 1904 E. Fayette St.

Date April 25 / 1907.

Place of Burial Sacred Heart

Date Apr. 26 / 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

32 V

(Place of Death.) No. 806 Eastern St. Michael Tarasacci

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name .....

{ Residence, if in Baltimore, Give Street and Number. } 806 Eastern ave

Duration of Residence in Baltimore. Life

C 0529

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: June 30 1899

AGE: 7 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Domenic Tarasacci

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Jaeger

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tarey Cuneo

(Address) 810 Eastern Ave.

Filed 4/25 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to April 24 1907

that I last saw h— alive on April 23 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Septicaemia

(DURATION) 10 DAYS

Con'ributory (Primary.)

Joint disease (DURATION) 3 mos DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date April 24 1907

Place of Burial Holy Rosary Cem.

Date April 26" 1907

Undertaker Wendell Diffenbach & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d
the Physician who attended during his or her last sickness, or the Coroner, when the case c
twenty-four hours after death, to the Undertaker, or other person superintending the burial, a c
can be ascertained, the full name, sex, age, condition (whether married or single) of the person d

of Vital Statistics in the City of Baltimore.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1174

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0540

City of Baltimore, (No. 239 Lanvale St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: ed

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): aa Co Md

FULL NAME OF FATHER: Stephen Johnson

BIRTHPLACE OF FATHER (State or country): aa Co Md

MAIDEN NAME OF MOTHER: Jane Brown

BIRTHPLACE OF MOTHER (State or country): aa Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 239 Lanvale

Filed 4/25 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 27 1907

that I last saw h[illegible] alive on April 24 1907,

and that death occurred, on the date stated above, at 2.3[illegible] M. The CAUSE OF DEATH was as follows:

Cystitis 1 Dur

Indefinite (DURATION) DAYS

Contributory [illegible] (DURATION) DAYS

(Signed) H. L. Dunn M. D.

April 25 1907 (Address) 900 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: 4/27 1907

UNDERTAKER: Alt Hamsley | ADDRESS: 578 W Balt

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0541

City of Baltimore, (No. 1406 Marshall St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Ray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 25 (Month) (Day) 1854 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos B. Ray

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Isabella Creamer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaretta Ray

(Address) 1406 Marshall

Filed 4/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to April 24 1907 that I last saw him alive on April 24 1907, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Labor

Pneumonia

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. H. Cushams M. D.

April 25 1907 (Address) 323 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: April 28 1907

UNDERTAKER: Jos. Stuntebeck

ADDRESS: 1318 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. .....

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 W. Saratoga St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Earle Goldsborough

{ Residence, if in Baltimore, Give Street and Number. } 714 W. Saratoga

Duration of Residence in Baltimore. Life

C.0540

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: December 1st 1906

AGE: ~ years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: William H. Goldsborough

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Butler

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Goldsborough

(Address) 714 W Saratoga St

Filed 4/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24, 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 24 1907 that I last saw h[er] alive on April 24 1907 and that death occurred, on the date stated above, at 10 35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Stifler M.D.

Address 901 Myrtle Ave

Date April 25 1907

Place of Burial Mt Auburn Cemetery

Date April 26 1907

Undertaker Isaac Brown

Address 565 W Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same Can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 42 E. Church St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Burton

{ Residence, if in Baltimore, Give Street and Number. } 42 E. Church St.

Duration of Residence in Baltimore. Life

C. 0543

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Burton

(Address) 42 E Church St

Filed 4/26/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to April 24 1907

that I last saw her alive on April 24 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) W. T. Smith M.D.

Address 528 Hanover St.

Date April 25 1907

Place of Burial Mt Auburn

Date April 26th 1907

Undertaker G. L. Brown and Son

Address 138 W. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

270

(Place of Death.) No. 710 Fremont ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Lamana

{Residence, if in Baltimore, Give Street and Number.} 710 Fremont ave.

C.0544

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 14 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: August Lamana

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Carmella Russo.

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustino Lamana

(Address) 710 Fremont ave

Filed Apl 26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl 24 1907

I HEREBY CERTIFY, That I attended deceased from Apl 21 1907 to Apl 24 1907

that I last saw her alive on Apl 24 1907

and that death occurred, on the date stated above, at 3.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) 11 DAYS

(Signed) W. J. Smith M.D

Address 528 Hanover St

Date April 25 1907

Place of Burial Holy Redeemer

Date Apl. 26/07 1907

Undertaker Wm. Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

167 ✓

(Place of Death.) No. Univ of Md Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Newgarden

{ Residence, if in Baltimore, Give Street and Number. } 613 Campbell

Duration of Residence in Baltimore. 17 yrs

G 0545

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female — COLOR: White	DATE OF DEATH: June 24 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from June 24 1907
AGE: 42 years, — months, — days	that I last saw h alive on 190,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate) Shock from burns received at the home on June 24 07
BIRTHPLACE (State or country): Milwaukee Wis.	(DURATION) DAYS
FULL NAME OF FATHER: —	Contributory (Primary.)
BIRTHPLACE OF FATHER (State or country): —	(DURATION) DAYS
MAIDEN NAME OF MOTHER: —	(Signed) L. D. Shipley M.D.
BIRTHPLACE OF MOTHER (State or country): —	Address 211 W. Lanvale
OCCUPATION OF DECEASED: —	Date 4. 26. 1907
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial Baltimore
(Informant) David Newgarden	Date Apr 27 1907
(Address) 613 Campbell St	Undertaker Wm. Cook
Filed 4/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar	Address 502 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

50 V

(Place of Death.) No. 831 N. Fauldard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allen R Bradley

{ Residence, if in Baltimore, Give Street and Number. } 831 N Fauldard St

Duration of Residence in Baltimore. 6 Mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Bradley

(Address)

Filed 4/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Apr 25 1907

that I last saw h in alive on Apr 24 1907

and that death occurred, on the date stated above, at 12:20 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Diabetes

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) H. Lee Bacon M.D.

Address 228 E. Chase

Date Apr 25 1907

Place of Burial Shrewsbury Worcester County Md

Date Apr 26 1907

Undertaker Lowe Cook

Address 2502 E Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0547

CERTIFICATE OF DEATH.

54V

(Place of Death.) No. 1525 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Douglas Moore

{Residence, if in Baltimore, Give Street and Number.} 1525 Vine Street

Duration of Residence in Baltimore. Since birth C 0547

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Col
DATE OF BIRTH	1
AGE	29 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	George Moore
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Bryne
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bryne

(Address) 825 Vine St.

Filed April 26th 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr — 24 — 1907

I HEREBY CERTIFY, That I attended deceased from 3-24-1907 to 4-23-1907

that I last saw him alive on 4-23-1907,

and that death occurred, on the date stated above, at 9.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis ? Uremia

Several months (DURATION) DAYS

Contributory (Primary.) Carcinoma Stomach

Several wks (DURATION) DAYS

(Signed) E. H. Kaye M.D.

Address 1418 Eutaw St.

Date 4-25-1907.

Place of Burial Mt Lebanon

Date April 26 1907

Undertaker Alfred D. Thulany

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0548 Registered No. B

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 1002 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma C. Williams

{Residence, if in Baltimore, Give Street and Number.} 1002 N Bond st

Duration of Residence in Baltimore. Lifetime C.0548

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 4th 1844

AGE: 63 years, 2 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Isaac Williams

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Elizabeth Weaver

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate L Isaacs

(Address) 702 N Carrollton ave

Filed 4/26/07 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to April 25 1907

that I last saw her alive on April 4 1907,

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of the Stomach

About 10 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Young Westbrook M.D.

Address 237 Goldsmith ave

Date April 25 1907

Place of Burial Loudon Park Cemetary

Date April 27th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument sta

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 N Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Virginia Seibel

{ Residence, if in Baltimore, Give Street and Number. } 207 N. Fremont St

Duration of Residence in Baltimore. 38 yrs

C. 0549

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 24, 1866

AGE: 40 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: John Dorsey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Delaney

BIRTHPLACE OF MOTHER (State or country): West Virginia

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William W Seibel

(Address) 207 N Fremont Ave

Filed 4/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1906 to April 24 1907

that I last saw her alive on April 24 1907, 3-45

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 8 DAYS

Contributory (Primary.) Chronic Endocarditis

(DURATION) 365 DAYS

(Signed) R L Blythe M.D.

Address 2018 E. Monument St.

Date April 26 1907

Place of Burial CEDAR HILL. APR 26 1907

Date ..... 190....

Undertaker Armstrong Denny Co. 715 Light Street

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Liza Young

{ Residence, if in Baltimore, Give Street and Number. } 1347 Stockton St.

Duration of Residence in Baltimore. 12 yrs. C. 0550

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ....1....

AGE 65 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas Jackson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Howard

(Address) 702 N Eden St

Filed 4/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 24, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1907 to Apr. 24 1907 that I last saw her alive on Apr. 24, 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic gangrene of right foot

(DURATION) DAYS

Contributory (Primary) Toxaemia

(DURATION) DAYS

(Signed) C. L. Langley M.D.

Address Md. Gen. Hosp.

Date Apr. 25 1907

Place of Burial Woodlawn

Date April 27 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Osterhaus

{ Residence, if in Baltimore, Give Street and Number. } 501 William St.

Duration of Residence in Baltimore. Sixty Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	April 5 1828
AGE	79 years, — months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Osterhaus

(Address) 501 William St

Filed 4/26 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to April 25 1907

that I last saw h alive on 4/25 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Dysentery,

11 Weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. A. Turlington M.D.

Address 152 E Fort Ave

Date 190

Place of Burial Holy Cross Cem

Date April 29th 1907

Undertaker E Harle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Jones

{ Residence, if in Baltimore, Give Street and Number. } 47 Druid Hill Ave

Duration of Residence in Baltimore. 9 yrs

0.052

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/26/1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to April 24 1907

that I last saw h... alive on April 24 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 2 DAYS

Contributory (Primary.) Retention + Extravasation of Urine (DURATION) several DAYS

(Signed) Fred W Bancroft M.D.

Address City Hospital

Date April 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 25 1907 190

Commissioner Health,

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

125

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — Registered No. C 6555

1514

CERTIFICATE OF DEATH.

Place of Death.) No. ____ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Nettie Sewell

{ Residence, if in Baltimore, Give Street and Number. } 320 N. Stanburg St

C 0552

Duration of Residence in Baltimore. ____

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH April 23 1907

AGE ____ years, ____ months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Sewell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nettie McGlotten

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ____

(Address) ____

Filed 4/26/ 1907 HARRY C. ANDREWS, PUBLIC CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from April 23 1907 to April 24 1907 that I last saw h.s alive on April 24 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) ____ DAYS

Contributory (Primary) Premature birth

(DURATION) ____ DAYS

(Signed) R. O. Dees, M.D.

Address 622 N. Lombard St

Date April 24 1907

COLLEGE OF P & S

Place of Burial ____

Date APR 25 1907 190 ____

Undertaker ____

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

123

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 V

CERTIFICATE OF DEATH.

Registered No. C B 0554

City of Baltimore, (No. 423 Gorsuch ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt Scott Carswell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 17 (Day) 1842 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: John S Carswell

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Harriet Van Riper

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt S Carswell

(Address) 102 E. 20th st.

Filed 4/26 190 HARRY C. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 190 4 to April 1907

that I last saw h/m alive on April 23 1907,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cardiac Valvular Disease

Several years (DURATION) ..... DAYS

Contributory Syncope & Heart weakness (DURATION) 10 DAYS

(Signed) Walter Bolgiano M. D.

April 26 1907 (Address) 2 E. 20 St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: April 26 1907

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 1359 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Jones

{ Residence, if in Baltimore, Give Street and Number. } 1359 N. Calhoun St.

Duration of Residence in Baltimore. 77 yrs - 4 mo - 11 da.

C 0555

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Brown

DATE OF BIRTH Dec. 13 1829

AGE 77 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Abednego Curtis

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rachel Smith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Rodman

(Address) 1359 Calhoun St.

Filed 4/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24, 1907

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to April 24 1907 that I last saw h alive on April 23 1907, and that death occurred, on the date stated above, at 5:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Insania (Senil: Cenamia for over 3 days).

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) Wm H Wright M.D.

Address 1373 N. Carey St

Date April 24, 1907

Place of Burial Laurel Cemetery

Date April 26 1907

Undertaker John H. Tradrin

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79 V

CERTIFICATE OF DEATH.

Registered No. BC 0556

City of Baltimore, (No. The Church Home St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Bertha E. Gees

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: April (Month) 7 (Day) 1844 (Year)	
AGE: 63 years, — months, 18 days	
SINGLE, ~~MARRIED~~ ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: Geo Gees	
BIRTHPLACE OF FATHER (State or country): Balto City	
MAIDEN NAME OF MOTHER: Olevia Kracht	
BIRTHPLACE OF MOTHER (State or country): Balto City	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Av

Filed 4/26 1907

HARRY C. ANDREWS, PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1905 to Apr 25 1907 that I last saw he alive on Apr. 25 1907 and that death occurred, on the date stated above, at 3.3 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage (DURATION) 4 DAYS

Contributory Organic heart disease (DURATION) 2 years

(Signed) H. M. Stevenson, M.D.

Apr 25 1907 (Address) 431 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: April 27 1907

UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

C 0557

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 N. Barney St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name ~~[illegible]~~ Maurice O. Gardner

{ Residence, if in Baltimore, Give Street and Number. } 8 N Barney St.

Duration of Residence in Baltimore. 21 Years C 0557

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Oct 10 1874

AGE: 32 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): D. C.

FULL NAME OF FATHER: W. T. Gardner

BIRTHPLACE OF FATHER (State or country): S. C.

MAIDEN NAME OF MOTHER: L. Ann

BIRTHPLACE OF MOTHER (State or country): S. C

OCCUPATION OF DECEASED: Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. A. Gardner

(Address) 1121 Battery Ave.

Filed 4/26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to April 24 1907 that I last saw h~~im~~ alive on April 24 1907, and that death occurred, on the date stated above, at 4:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Fracture

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 20 Years

(Signed) R E L Campbell M.D.

Address 1644 Hanover St

Date April 25 1907

Place of Burial Loudon Park

Date April 27 1907

Undertaker E. J. Fanning

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0538 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 W. Saratoga St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name George Braeun

{Residence, if in Baltimore, Give Street and Number.} 219 W. Saratoga St

Duration of Residence in Baltimore. 14 Year

C 0538

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jos A Braun

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Braun

(Address) 219 W. Saratoga

Filed 4/26/ 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 190 7

I HEREBY CERTIFY, That I attended deceased from April 10 190 7 to April 24 190 7

that I last saw h in alive on April 24 190 7

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Pneumonia

2 wks (DURATION) DAYS

Contributory (Primary.)

Asthma (DURATION) DAYS

(Signed) [illegible] M.D.

Address 535 Lytle St

Date April 25 190 7

Place of Burial Holy Redeemer

Date 4/26 190 7

Undertaker Wm J Schilling

Address 16 Poplar Grove St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 W Hill St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lewis & Edith Sewell

{Residence, if in Baltimore, Give Street and Number.} 135 W Hill St

Duration of Residence in Baltimore. Life

C. 0359

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: B
DATE OF BIRTH	April 25 1907
AGE	9 hours (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Lewis Thos Sewell.
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Edith E Goldsmith
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Sewell (mother)

(Address) 135 W Hill St

Filed 4/26/07 1907 HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1907

I HEREBY CERTIFY, That I attended deceased from Birth 190 till death 9 hours 190

that I last saw h.. alive on April 25 190 7,

and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(7 mos about)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred H Davis M.D.

Address City Hospital

Date April 26 1907

Place of Burial Mt. Auburn Cem.

Date April 26 1907

Undertaker John H. Troadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 115 Portland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth C. Burns.

{ Residence, if in Baltimore, Give Street and Number. } 115 Portland Ave

C.0560

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 1865

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard B Anderson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E Hope

BIRTHPLACE OF MOTHER (State or country): Washington D C

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Caroline M Harris

(Address) 526 Hanover st

Filed 4/26/07 190..

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/24 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to Apr 24 1907

that I last saw her alive on Apr 24 1907,

and that death occurred, on the date stated above, at 11:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Regurgitation

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. Edw Smith M.D.

Address 578 Hanover St.

Date 4/24 1907

Place of Burial London Park

Date April 27 1907

Undertaker John E Wright & Son

Address 1425 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 1. *Be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fill out within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

10 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 6561

City of Baltimore, (No. 1223 Stricker st. St.,) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gilbert Byrd

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: Aug. 6th 1879 (Month) (Day) (Year)	
AGE: 28 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Va.	
FULL NAME OF FATHER: Wm. Byrd	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Mary Green	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: Cook	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1223 Stricker st.

Filed 4/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 25th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pneumonia

Five weeks (DURATION) ..... DAYS

Contributory Grippe

..... (DURATION) ..... DAYS

(Signed) Wm. Barnum M. D.

April 26th 1907 (Address) 710 Log. ave (Corner)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 27th 1907
UNDERTAKER: Felix E Pye	ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 6353

161 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary O'Connell

{ Residence, if in Baltimore, Give Street and Number. } 1705 Lemmon st

C. 5602

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: White

DATE OF BIRTH: Unknown 1827

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Halpin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Birch

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McSherry

(Address) 1705 Lemmon st

Filed 4/26/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stroke

about six hrs. (DURATION) ..... DAYS

Con'tributory (Primary.) Accidental

Burns (DURATION) ..... DAYS

(Signed) Lilian Halpin M.D.

Address 700 Dol. av. (County)

Date April 26th 1907

Place of Burial New Cathedral

Date April 27th 1907

Undertaker M. Falvey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0563

City of Baltimore, (No. 2207, Orem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Carrie Balfour

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 5 (Day) 1862 (Year)

AGE: 44 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mississippi

FULL NAME OF FATHER: M. Charles Montgomery

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Caroline Stowers

BIRTHPLACE OF MOTHER (State or country): Alabama

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora E Montgomery

(Address) 2207 Orem Ave

Filed 4/26 1907

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 10 1907 to April 24 1907 that I last saw h[er] alive on April 24 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Anemia

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Fred C Jewett M. D.

April 24 1907 (Address) 2208 North Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: April 27 1907

UNDERTAKER: Chas. E. Fraser — ADDRESS: 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

C 0564

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 Edmondson ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William John Oetzel

{Residence, if in Baltimore, Give Street and Number.} 1002 Edmondson ave

Duration of Residence in Baltimore. one Month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 27th 1864

AGE: 42 years, 9 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: J. G. Oetzel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Otto

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. K. Oetzel

(Address) Union S.C.

Filed 4/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to April 25 1907 that I last saw him alive on April 25 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

one months (DURATION) — DAYS

Contributory (Primary.)

uremia (DURATION) DAYS

(Signed) John F. Mangus M.D.

Address 1002 Edmondson ave

Date April 28th 1907

Place of Burial Union S.C.

Date April 28th 1907

Undertaker Stewart & Brown Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

118 V

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Kelly

{ Residence, if in Baltimore, Give Street and Number. } Fallston, Harf. Co. Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dennis Kelly

BIRTHPLACE OF FATHER (State or country): Maur

MAIDEN NAME OF MOTHER: Mahoney

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry Kelly

(Address) Fallston Md

Filed

190. HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 26 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 14 1907 to Apr 26 1907

that I last saw h alive on Apr 26 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 14 DAYS

(Signed) Blue Bayley M.D.

Address Hebrew Hospital

Date Apr 26 1907

Place of Burial Fallston Md

Date Apr 28 1907

Undertaker H. Dushman & Son

Address Camden Place

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0566

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 210 Aisquith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah M. McDevitt

{Residence, if in Baltimore, Give Street and Number.} 210 Aisquith St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec. 23" 1856
AGE	50 years, 4 months, 1 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Chas. Mann.
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Catherine Sunderling
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. E. P. McDevitt

(Address) 210 Aisquith St.

Filed 4/26/7 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24" 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to April 24 1907 that I last saw h[er] alive on April 24, 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Two hours (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H. Chambers M.D.

Address 18 W Franklin St

Date April 25" 1907

Place of Burial Cathedral Cemetery

Date April 28th 1907

Undertaker Evans & Spence

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0567 Registered No. B C 0567

61 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Julia Verlecoates

{Residence, if in Baltimore, Give Street and Number.} 832. Granby. Str.

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Pawel. Naruszewicz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Julia Naruszewicz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24. 1907

I HEREBY CERTIFY, That I attended deceased from June 5. 1906 to April 24. 1907 that I last saw her alive on April 24. 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tapeworm

(DURATION) DAYS

Contributory (Primary) Meningitis (DURATION) DAYS

(Signed) W L Brent. M.D.

Address Bay View Asylum

Date April 24. 1907

Place of Burial Holy Rosary

Date April 27th 1907

Undertaker Jacob Fialkowski.

Address 428. S. Bond. Str.

WM. J. C. D[illegible] CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C [redacted] Registered No. B [redacted]

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Flower

{Residence, if in Baltimore, Give Street and Number.} Irwin Pa

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 27 1880
AGE	26 years, 11 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Pa
FULL NAME OF FATHER	Leonard Coleman
BIRTHPLACE OF FATHER (State or country)	Eng.
MAIDEN NAME OF MOTHER	Lucinda Baker
BIRTHPLACE OF MOTHER (State or country)	Pa
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John T. Flower

(Address) Irwin Pa

Filed 4/27 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to April 26 1907 that I last saw h[illegible] alive on April 26 1907 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S. S. Strouse M.D.

Address Johns Hopkins Hospital

Date 4/26 1907

Place of Burial Irwin Pa

Date APR 27 1907 1907

Undertaker Albert S. Fullerton

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Ward ..... Registration No. B .....

CERTIFICATE OF DEATH.

87 ✓

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Russell

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. L.

C. 569

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Blk
DATE OF BIRTH: Mar. 6 1906	
AGE: 1 years, 1 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 4/27/1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 25 1907

that I last saw her alive on April 25 1907,

and that death occurred, on the date stated above, at 5:45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Ether - Syncope - Died under anaesthetic. (Operation for abscess of ear.)

O.K. Accident

Benj. D. Taylor Coroner.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date April 25 1907

Place of Burial Cathedral Cemetery

Date April 26th 27 1907

Undertaker Felix B. Pope.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, as hereinafter set forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married, single, widowed or divorced), ***color, birthplace, occupation*** and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 251

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0570

City of Baltimore, (No. 1820. Bank St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cora Grace Butler.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 16 (Day) 1899 (Year)

AGE: 7 years, 8 months, 9 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: Thos. D. Butler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Laura. E. Cape.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura. E. Butler

(Address) 1820. Bank St.

Filed 4/27 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 26 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to April 26 1907 that I last saw her alive on April 25 1907, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Tuberculous Meningitis.

(DURATION) 2 DAYS

Contributory Convulsions

(DURATION) 2 DAYS

(Signed) Frederick G. Hoener M. D.

April 26 1907 (Address) 112. S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	April 28 1907
UNDERTAKER	ADDRESS
Zirkler & Zirkler	1139 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 0571 Registered No. B C 0571

104V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Maryland Ave — ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert E. Fink

{Residence, if in Baltimore, Give Street and Number.} 1111 Maryland ave.

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Yellow or Mulatto

DATE OF BIRTH: Unknown 1

AGE: About 75 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph P. Evans

(Address) 106 W. Biddle St

Filed 4/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to April 26 1907

that I last saw him alive on April 26 1907

and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility

Progressive for several weeks (DURATION) DAYS

Con'tributory (Primary.) Chronic Gastritis

(DURATION) DAYS

(Signed) David D. Reinhart M.D.

Address 211 E. Biddle Street

Date April 26 th 1907

Place of Burial Mount Auburn Cemetery

Date April 28 1907

Undertaker Felix B Pyl

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Road of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Priscilla Penn

{Residence, if in Baltimore, Give Street and Number.} 1413 Druid Hill Ave.,

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co Md.

FULL NAME OF FATHER: Wilson Mc Eldery.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maria Mc Eldery

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Wheeler

(Address) 1413 Druid Hill Ave.

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to April 26 1907

that I last saw h er alive on April 26 1907,

and that death occurred, on the date stated above, at 7.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy 4

Chronic Bright's

Six months (DURATION) DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) Edward J. Mcall M.D.

Address 1231 N. Howard

Date April 26 1907

Place of Burial Mount Auburn Cemetery

Date April 27 1907

Undertaker Felix R. Page

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 0573

Registered No. B.....

City of Baltimore, (No. 1506 McElderry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie J. Titus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: colored
DATE OF BIRTH: April 25th 1907 (Month) (Day) (Year)	
AGE: 11 years, 7 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John H. Titus
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Rhoda Holland
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Rhoda Titus

(Address) 1506 McElderry

Filed 4/27 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 12th 1907 to April 25th 1907 that I last saw h[illegible] alive on April 25th 1907, and that death occurred, on the date stated above, at 12.15 P. M. The CAUSE OF DEATH was as follows:

Diphtheria fever

Two weeks (DURATION) 14 DAYS

Contributory Uraemia

Nephritis (DURATION) 2 DAYS

(Signed) Jane J. Bell M. D.

April 26th 1907 (Address) 1516 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	April 27th 1907
UNDERTAKER: Chas G Bailey	ADDRESS: 1422 Jefferson st

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Partridge

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 574

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): D. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) Supt. BAY VIEW ASYLUM

Filed 4/27 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 25 1907

that I last saw h in alive on April 25 1907,

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) R R Vania M.D.

Address Bay View Hospl.

Date April 25 1907

Place of Burial Mt Carmel Cemetery

Date age. 27 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. BC 0575

City of Baltimore, (No. 217, Perry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie Newman.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Bl.

DATE OF BIRTH: Aug 28 (Month) (Day) 1883 (Year)

AGE: 23 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Henry Newman

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Dollie Morelle.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Newman

(Address) 609 Little Pacca St.

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to April 25 1907

that I last saw her alive on April 25 1907,

and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Chillary Broncheitis.

(DURATION) 15 DAYS

Contributory La Grippe.

(DURATION) 30 DAYS

(Signed) B. L. French. M. D.

April 26 1907 (Address) 603 E. Fremont St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: April 28 1907

UNDERTAKER: Geo. H. Hooper

ADDRESS: 604 Little Pacca

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Wilson

{Residence, if in Baltimore, Give Street and Number.} 15 N Durham st

Duration of Residence in Baltimore... all his life

C.Y.76

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Henry Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Martha Williams

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lidy Wilson

(Address) 15 N Durham St

Filed 4/27/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 26 th. 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to April 25 th 1907 that I last saw him alive on " " 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAY

Contributory (Primary.) hydrothorax

abscess 3 mth. (DURATION) DAYS

(Signed) J. E. Gately M.D.

Address 111 St Edwin

Date April 26 th 1907

Place of Burial Woodlawn Cemetery

Date April 28 1907

Undertaker John W Henderson

Address 31 N Caroline st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1201 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary L. Kretzschmar

{ Residence, if in Baltimore, Give Street and Number. } 1201 Columbia Ave

Duration of Residence in Baltimore. Life time

e 577

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 11 1907

AGE: — years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Carl O. Kretzschmar

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ida Ham

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svendsen

(Address) 217 S. Paca St.

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from April 11 A 1907 to April 27 1907 that I last saw h— alive on April 24 1907, and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Simpson M.D.

Address 317 Lexington St

Date April 27 1907

Place of Burial Western Cem

Date April 28 1907

Undertaker Geo. Svendsens, Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 6515 ..... Registered Nº

CERTIFICATE OF DEATH.

152

(Place of Death.) No. 209 N Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of
Full Name {Stanford morrison
{martha morrison

{ Residence, if in Baltimore, Give Street and Number. } 209 N Collington ave

Duration of Residence in Baltimore. since birth

1579

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: april 25 1907

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Stanford Morrison

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Martha Clawson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanford Morrison

(Address) 209 N Collington ave

Filed 4/27 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: april 27 1907

I HEREBY CERTIFY, That I attended deceased from april 26 1907 to april 27 1907 that I last saw him alive on april 27 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

(DURATION) 3 DAYS

Contributory (Primary.) Collapse

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenhart M.D.

Address 2213 Orleans st

Date april 28 1907

Place of Burial M. E. Cemetery

Date APR 27 1907 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 ... Registered No. B ...

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1320 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thelma Peyton

{Residence, if in Baltimore, Give Street and Number.} 1320 Barclay St.

Duration of Residence in Baltimore. Life

1799

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July 1

AGE: 1 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Elmer Peyton

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Julia Peyton

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julie Peyton

(Address) 1320 Barclay St

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1 h. M.

CAUSE OF DEATH (Secondary or Immediate)

Chastin

(DURATION) ... DAYS

Contributory (Primary) Pneumonia

(DURATION) ... DAYS

(Signed) D. Milton Lentzenum M.D.

Address 1818 N. Charles St.

Date April 27 1907

Place of Burial Laurel Cemetery

Date April 27 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0580

City of Baltimore, (No. 1909 Greenmount St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry S. Mueller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: June (Month) 2 (Day) 1831 (Year)

AGE: 75 years, 10 months, 23 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: widowed

BIRTHPLACE (State or country): Butler, Butler Co. Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Phillips.

(Address) 1909 Greenmount Ave

Filed 4 27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 25 1907 to April 25 1907 that I last saw him alive on April 25 1907, and that death occurred, on the date stated above, at 4¼ P. M. The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(DURATION) many DAYS

Contributory Age

(DURATION) many DAYS

(Signed) David Streett MD M. D.

April 26 1907 (Address) 712 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Glyndon Md — DATE OF BURIAL: April 28 1907

UNDERTAKER: W. Van Cook — ADDRESS: 602 E Monu

Ward 1

C 0581 Registered No. B [illegible]

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 2216 Cambridge St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael La Know

{Residence, if in Baltimore, Give Street and Number.} 2216 Cambridge St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 9 1842

AGE: 64 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: do not know

BIRTHPLACE OF FATHER (State or country): do not know

MAIDEN NAME OF MOTHER: do not know

BIRTHPLACE OF MOTHER (State or country): do not know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magn La Know

(Address) 2216 Cambridge St

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1907

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to April 24 1907

that I last saw him alive on April 24 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 6 DAYS

Con tributory (Primary.) Ephemeritis (DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 E Eutaw Ave

Date April 25 1907

Place of Burial St. Pauls Cemetery

Date April 27 1907

Undertaker HENRY SANDER & SONS.

Address N. E. Cor. Broadway & Baltimore Sts and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0582

City of Baltimore, (No. 426, W. Cross St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa S. Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Mar (Month) 1 (Day) 1873 (Year)

AGE: 34 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Peter Schellenberger

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Elizabeth Ehrhardt

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Jackson

(Address) 426 W. Cross St.

Filed 4/27 1907 HARRY C. ANDREWS, PERMIT Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 20 1907 to Apr 26 1907 that I last saw h[er] on alive on Apr 26 1907, and that death occurred, on the date stated above, at 11.40 a. m. The CAUSE OF DEATH was as follows:

Pneumonia (double, lower lobes)

(DURATION) 7 DAYS

Contributory endocarditis

(DURATION) 1 DAYS

(Signed) H. E. Kunkle M. D.

Apr 26 1907 (Address) 1002 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet | DATE OF BURIAL: April 29 1907

UNDERTAKER: E. Schlosman & Son | ADDRESS: 324 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0583

Registered No. B .....

City of Baltimore, (No. 806, E. Lanvale St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E. Dixon.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white.

DATE OF BIRTH: Oct. (Month) 5 (Day) 1846 (Year)

AGE: 60 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. Hardesty.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie E. Hardesty.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Faulkenau M.D.

(Address) 603 S. Eutaw St.

Filed 4/27 1907

HARRY C. ANDREWS, PERRITT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 25 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to April 25 1907 that I last saw h[er] alive on April 25 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) ..... DAYS

Contributory Nephritis.

(DURATION) ..... DAYS

(Signed) C. Faulkenau M.D.

April 25 1907 (Address) 603 S. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. | DATE OF BURIAL: April 29 1907

UNDERTAKER: E. Schloman Sons | ADDRESS: 129 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

Lark

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 18 W. Hamburg St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Joseph Rollen

{ Residence, if in Baltimore, Give Street and Number. } 18 W. Hamburg St

Duration of Residence in Baltimore. 30 yrs.

C 0584

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 17 1851
AGE	55 years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Jacob Rollen
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Minnie
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Rollen wife

(Address) 18 W. Hamburg St.

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to April 26 1907

that I last saw him alive on April 25 1907,

and that death occurred, on the date stated above, at 3.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 3 weeks DAYS

Contributory (Primary.) Paralysis

(DURATION) 14 yrs DAYS

(Signed) H. M. Reinhardt M.D.

Address 1017 S. Charles St

Date April 26 1907

Place of Burial Loudon Park Cem

Date April 28th 1907

Undertaker C. Schluraud & Son

Address 1029 Hanover St.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

DR. OTTO M. REINHARDT,
1017 S. CHARLES ST.,
BALTIMORE, MD
TELEPHONES:
C. & P. SOUTH 433-F
MD. HENRIETTA 97

584

OFFICE-HOURS:
8 TO 10 A. M
2 TO 4 P. M
6 TO 8 P. M

Baltimore, Md., May, 8th. 1907.

I have been informed that the certificate of death issued April, 26th. 1907 for Joseph Rollen should have been James Joseph Rollen.

Otto M Reinhardt MD

Subscribed and sworn to before me
this 8th day of May, 1907

Charles Reiol, J.P.

Ward 14 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. Junior Jones

C 0585

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 1 Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mute

DATE OF BIRTH April 3 1881

AGE 26 years, 0 months, 24 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED ~~Married~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thos B. Jones

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Miranda Talbott

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Jones

(Address) 644 Hollowell

Filed 4/27 1907 HENRY C. ANDREWS PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from 4/11 1907 to 4/27 1907 that I last saw h-- alive on April 27 1907, and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever (DURATION) DAYS

(Signed) E W White M.D.

Address University Hospital

Date Balto April 27 1907

Place of Burial Chaney Ste Calvert Co Md

Date Apl 27 1907

Undertaker W J Tucker & Son

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

Chaney Ste. Calvert Co. — Thos N Jones

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 0586

90 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Fiskowska

{Residence, if in Baltimore, Give Street and Number.} 1604 Canton ave

Duration of Residence in Baltimore. Life

C 0586

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH April 26 1906

AGE 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Simon Fiskowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Maggie Fiskowska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Fiskowski

(Address) 1604 Canton Ave

Filed ..... 190.....

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to April 27 1907 that I last saw her alive on April 27 1907 and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis Bronchitis

(DURATION) 4 DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. Wentzel M.D.

Address 660 Broadway

Date April 27 1907

Place of Burial Holy Cross

Date April 28 1907

Undertaker J. Fiskowski

Address 628 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 34 E. Fort Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ethel L. Foreman

{ Residence, if in Baltimore, Give Street and Number. } 34 E. Fort

C 0587

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1st 1906

AGE ..... years, 8 months, 27 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Joshua Foreman

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Dora Henstrate

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION OF DECEASED ~~Laborer for B. & O.~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Freman

(Address) 34 E. Fort ave.

Filed 4/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lait

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 27 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 17 1907 to Apr. 27 1907

that I last saw her alive on Apr 26 1907

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia

(DURATION) ..... DAYS

(Signed) H. Friedrich M.D.

Address 1228 Orange

Date Apr 27 1907

Place of Burial Cedar Hill

Date April 28th 1907

Undertaker Jno. Stuntebeck

Address 618 Light ste.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1472

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Proctor

{ Residence, if in Baltimore, Give Street and Number. } Lutsts Alleys Md.

Duration of Residence in Baltimore. Born. C 0588

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Col.

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Proctor

BIRTHPLACE OF FATHER (State or country) White Plains Md

MAIDEN NAME OF MOTHER Eliza Proctor

BIRTHPLACE OF MOTHER (State or country) White Plains Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Payne

(Address) 1644 Hoffman St

Filed 4/27 1907 HARRY C. ANDREWS, Registrar

Lab PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to April 26 1907

that I last saw him alive on April 26 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sepsis & Septicemia

Boils. Gangrene

2 weeks (DURATION) DAYS

Contributory (Primary.) Carcinoma

(DURATION) DAYS

(Signed) W. A. Donelly M.D.

Address City Hospital

Date April 26 1907

Place of Burial White Plains Md

Date April 28 1907

Undertaker J. H. Owens & Son

Address 1322 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

1196 C-589

(Place of Death.) No. 2223 Hargrove Alley St. (If Death occurred in Hospital or institution, give) its Name Instead of Street and Number.)

Full Name William A. Johnson

{Residence, if in Baltimore, Give Street and Number.} 2223 Hargrove Alley.

Duration of Residence in Baltimore. Fifteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: William Johnson

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: (illegible)

BIRTHPLACE OF MOTHER (State or country): (illegible)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Johnson

(Address) 2223 Hargrove Alley

Filed 4/27 1907

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 25 1907

I HEREBY CERTIFY, That I attended deceased from Apr 2 1907 to Apr 24 1907

that I last saw him alive on Apr 24 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Schmidt M.D.

Address 424 East 25 St

Date Apr 26 1907

Place of Burial Laurel Cemetery

Date Apr 27 1907

Undertaker R. F. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1620 St Joseph St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Fowler

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life

C.540

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: colored
DATE OF BIRTH: 1	
AGE: 1 years, 5 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: James E Fowler	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Helen Edward	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Frosthes James E Fowler

(Address) 1620 St Joseph St

Filed 4/27 1907

TERRY C. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to April 25 1907 that I last saw h[illegible] alive on April 25 1907 and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Bronchitis: Contd

Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 7. DAYS

(Signed) Dr G W Bernard M.D.

Address 708 Cedar Ave

Date April 26 1907

Place of Burial Laurel Cem

Date April 27 1907

Undertaker W A Elliott

Address 2-04 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

794

Place of Death.) No. 313 S High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bennie Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 313 S High -

Duration of Residence in Baltimore. 18 yrs

C.591

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 7 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Meyer Hoffman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Blumenthal

(Address) 1022 E Fayette st

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 26 1907

I HEREBY CERTIFY, That I attended deceased from Apr 25 1907 to Apr 26 1907 that I last saw h-- alive on Apr 26 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) 2 DAYS

Contributory (Primary.) Mitral Insufficiency

3 mo (DURATION) DAYS

(Signed) C. F. Bloede M.D.

Address 1523 E Balto

Date Apr 27 1907

Place of Burial Philip Rd Hebrew

Date April 28 1907

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 6352

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1334 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Bernadine Myers

{ Residence, if in Baltimore, Give Street and Number. } 1334 N. Calhoun St

Duration of Residence in Baltimore. all life

C 5497

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Wm myers

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Sul Henson

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressteman St

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from March 16, 1907 to April 26 1907 that I last saw h[illegible] alive on April 25 1907, and that death occurred, on the date stated above, at 5:40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 8 weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Myler M.D.

Address 1373 N. Carey St

Date April 26, 1907.

Place of Burial Mt Vernon

Date April 28 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B

104

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Samuel F. Smith

{Residence, if in Baltimore, Give Street and Number.} Princess Anne Md.

C. 543

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Princess Anne Md.

FULL NAME OF FATHER: Jos Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia M Scott

(Address) Princess Anne Md.

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 27 1907 that I last saw h in alive on April 27 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia following Apendicitis

*

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hutchins M.D.

Address Church Home & Infirmary

Date April 27 1907

Place of Burial Princess Anne Md.

Date April 28. = 1907

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

* Stenosis of Pylorus Stomach

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 0594 93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 E Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Wojtanowicz

{ Residence, if in Baltimore, Give Street and Number. } 320 E Chester

C 594

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1846

AGE: 61 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Thomas Przybyski

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wojtanowicz

(Address) 320 E. Chester St

Filed 4/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to April 26 1907 that I last saw her alive on April 25 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Broadway

Date April 27 1907

Place of Burial Holy Rosary

Date April 29 1907

Undertaker W P Sadowski

Address 703 E. Aisquith St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0595

Registered No. B .....

City of Baltimore, (No. 1016, Woodyear St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles H Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Ed

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince George Co

FULL NAME OF FATHER: Wm Turner

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Kitty

BIRTHPLACE OF MOTHER (State or country): Prince Georges Co

OCCUPATION OF DECEASED: Sexton

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mattie L Turner

(Address) 1016 Woodyear St

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 26th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to April 26 1907 that I last saw h alive on April 26 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory Jaundice with Coma

(DURATION) 3 DAYS

(Signed) J F C Byers M. D.

April 27 1907 (Address) 1130 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: April 29 1907

UNDERTAKER: Solomon Wright

ADDRESS: 136 N Howard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

1206

(Place of Death.) No. 7 Hudsons St. Connecticut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W Clautice

{ Residence, if in Baltimore, Give Street and Number. } 7 Hudsons st Connecticut

Duration of Residence in Baltimore. Lifetime

1596

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — — 1—

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W Clautice

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene L Clautice

(Address) 7 Hudsons st

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to April 26 1907

that I last saw him alive on April 26 1907,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(about one year) (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Young Brathwaite M.D.

Address 237 Goodwich avenue

Date April 27 1907

Place of Burial Holy Cross

Date Apr 29 1907

Undertaker Lowe Cook

Address 502 E Fairmount Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0597

City of Baltimore, (No. 1747 Jefferson St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sallie E Shaw

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March (Month) 18 (Day) 1839 (Year)

AGE: 78 years, 1 months, 8 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Levin J. Irving

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary O Hooper

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Adams.

(Address) 405 Ashland Ave.

Filed 4/28 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 24th 1907 to Apr 26th 1907 that I last saw her alive on Apr 26th 1907, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Organic Heart Disease (DURATION) 3 DAYS

Contributory Senility (DURATION) DAYS

(Signed) Elijah J Russell M. D.

Apr 27th 1907 (Address) 423 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Dallis Cem. | DATE OF BURIAL: 4-29 1907

UNDERTAKER: Wm Cook | ADDRESS: 502 E. Monument

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridad Noack

{ Residence, if in Baltimore, Give Street and Number. } Emmigrant

Duration of Residence in Baltimore.

0.598

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	Col.
DATE OF BIRTH	June 27 1906
AGE	..... years, 10 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johnnie Dr.

(Address) 88 S. Gay St.

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 26 1907 to Apr. 27 1907

that I last saw h.. alive on Apr. 27 1907 4.30

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho. Pneumonia

(DURATION) One DAYS

Contributory (Primary.) Enteritis

(DURATION) 8 DAYS

(Signed) Wm. F. Doney M.D.

Address City Hospital

Date April 28 1907

Place of Burial Woodlawn Cem.

Date April 28 1907

Undertaker H. Lauder & Sons

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 0599 Registered No. B

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1704 Carlisle Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Hedvika Kroupa

{Residence, if in Baltimore, Give Street and Number.} 1704 Carlisle Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 18 1906

AGE 1 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Venceslaus Kroupa

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Barbara Sedama

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Venceslaus Kropa

(Address) 1704 Carlisle Pl

Filed 4/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 26 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Cardiac Asthma (DURATION) 3 DAYS

(Signed) W. H. Kraus M.D.

Address 1 E Ashland Ave

Date 190

Place of Burial Oak Hill

Date April 28 1907

Undertaker Frank Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 V

CERTIFICATE OF DEATH.

Registered No. B C 0600

City of Baltimore, (No. 333 N. Hoffman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Blaney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) — (Day) 1 (Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Hood

(Address) 333 N. Hoffman St.

Filed 4/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to April 25 1907 that I last saw her alive on April 21 1907, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Heart disease

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W. D. Baskin M. D.

April 25 1907 (Address) 208 W. Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Int- Auston	April 28 1907
UNDERTAKER	ADDRESS
R A Elliott	504 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

29 V

(Place of Death.) No. 1716 Druid Hill Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Harvey Banks.

{ Residence, if in Baltimore, Give Street and Number. } 1716 Druid Hill Ave.

Duration of Residence in Baltimore. 16 years.

C.601

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 16 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John H. Banks.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: School-boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Banks.

(Address) 1716 Druid Hill Ave.

Filed 4/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27, 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1907 to April 27, 1907 that I last saw h im alive on April 27 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy, Terminal Pneumonia.

(DURATION) 7 DAYS

Contributory (Primary.) Mesenteric Tuberculosis (DURATION) 90 DAYS

(Signed) J. R. Uhler, M.D.

Address 1531 McCulloh St.

Date April 27, 1907.

Place of Burial Western Stage Cemetery Catonsville

Date April 29th 1907

Undertaker Felix B. Kye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th C 0602 Registered No. B C 0602

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. L. L. Willehad St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Copkow Uras (Uras Copkow)

{Residence, if in Baltimore, Give Street and Number.} L. L. Willehad

Duration of Residence in Baltimore. 12 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: April 27th 1860

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher Jr.

(Address) 6 S. Gay St.

Filed 4/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 27 April 1907

I HEREBY CERTIFY, That I attended deceased from 25 April 1907 to 27 April 1907 that I last saw h im alive on 26/4 1907, and that death occurred, on the date stated above, at 5-40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Coma by Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. Stadler M.D.

Address L. L. Willehad

Date 27/April 1907

Place of Burial 1st Evangelischen

Date April 29th 1907

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0603 Registered No. B

CERTIFICATE OF DEATH.

179v

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Brown

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum C. 603

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	Jan 10 1907
AGE	..... years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/27/1907

I HEREBY CERTIFY, That I attended deceased from 1/10/1907 to 4/27/1907 that I last saw h.. alive on 4/25 190.., and that death occurred, on the date stated above, at 6 ..M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary) Anaemia

(DURATION) Life DAYS

(Signed) H. S. Gorsuch M.D.

Address 501-E-22nd St

Date 4/27/07 1907

Place of Burial New Cathedral

Date April 29th. 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0604 Registered No. B 151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Aloysius Hobbs

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	April 8th 1907
AGE	..... years, ... months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/27/ 1907

I HEREBY CERTIFY, That I attended deceased from 4/8/ 1907 to 4/27/ 1907 that I last saw h[illegible] alive on 4/26/ 1907 and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) Life DAYS

Contributory (Primary.) Insanitary

..... (DURATION) Life DAYS

(Signed) H. S. Grossmann M.D

Address 501 E. 22nd St.

Date 4/27/07 1907

Place of Burial New Cathedral

Date April 29th 1907

Undertaker Martin Dabney & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. C 0605

118.V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Stout

{Residence, if in Baltimore, Give Street and Number.} 1030 McDonough St

Duration of Residence in Baltimore. 24 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	May 14th 1870
AGE	37 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Thomas Malloy
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Stout

(Address) 1030 McDonough St

Filed 4/28 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 24 1907 to Apr. 26 1907 that I last saw h[illegible] alive on Apr. 26 1907 and that death occurred, on the date stated above, at 4.20 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Appendicitis

(DURATION) DAYS

(Signed) W. C. Dorsey M.D.

Address City Hospitals

Date April 26th 1907

Place of Burial Holy Cross

Date April 29th 1907

Undertaker Geo. M. Lamb

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY ...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

113 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0606

City of Baltimore, (No. 1312 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rev. F. Hurst Reed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)

AGE: 62 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: John Reed

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Elizabeth Hopper

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth M. Reed

(Address) 1312 Hollins St

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 27th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1903 to April 27th 1907

that I last saw h im alive on April 19th 1907,

and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Cholelithiasis

(DURATION) 5 Yrs DAYS

Contributory Exhaustion

(DURATION) 14 DAYS

(Signed) C. W. Mitchell M. D.

April 27th 1907 (Address) 1002 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Unionville Frederick Co Md

DATE OF BURIAL: April 29 1907

UNDERTAKER: Jos B Cook

ADDRESS: 1003 N Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0607

City of Baltimore, (No. 1411, W Balto St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Betty Rondsinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 31 st (Month) (Day) 1834 (Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Moses Gundesheimer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Babette Witzweiller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Rondsinger Jr.

(Address) 1411 W. Balto. St.

Filed 4/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1904 to April 26 1907

that I last saw h-- alive on April 26 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

a Diabetes Millitus

2 Ramollissement

Duration 4 years (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Fred D Blake M. D.

April 1907 (Address) 1214 W Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: 4/28 1907

UNDERTAKER: Jacob Ahrens & Co

ADDRESS: 754 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d
the Physician who attended during his or her last sickness, or the Coroner, when the case c
twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same
can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

of Vital Statistics in the City of Baltimore.

shall die in the said city it shall be the duty of
case comes under his notice, to furnish within
ial, a certificate setting forth, as far as the same
rson deceased, and the cause and date of death.

Ward 19 C 0608 Registered No. B C 0608

CERTIFICATE OF DEATH.

(Place of Death.) No. 1430 N Mount St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie Beulah Campbell

{Residence, if in Baltimore, Give Street and Number.} 1430 N Mount St

Duration of Residence in Baltimore. Sixteen Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1890

AGE 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Nathan Campbell

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Almira Johnson

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Almira Campbell

(Address) 1430 Mount St

Filed 4/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to April 26 1907

that I last saw her alive on April 26 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) T. E. Daughaday M.D.

Address 1520 Pennsylvania Ave

Date Balto April 26 1907

Place of Burial Mt Calvary Cemetery

Date April 28 1907

Undertaker J. H. Bishop

Address 1607 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79 V

CERTIFICATE OF DEATH.

Registered No. B.C. 0609

City of Baltimore, (No. 1131 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Ella M Lambright

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Jan 27 (Month) 27 (Day) 1828 (Year)

AGE: 79 years, 3 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Frederick - Md

FULL NAME OF FATHER: George Lambright

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Regina Sponsellor

BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mso. P. Sinn,

(Address) 1131 W. Mulberry St.

Filed 4/28 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to April 27 1907 that I last saw h-- alive on April 26 1907, and that death occurred, on the date stated above, at 8 M. The CAUSE OF DEATH was as follows:

Syncope due to
Chronic Interstitial
Myocarditis
Several years (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Standish McClean M. D.

April 27 1907 (Address) 1609 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Shepherdstown W Va

How long at Place of Death? 23 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Frederick Md. (Old)

DATE OF BURIAL: April 29 1907

UNDERTAKER: Geo. W. Little,

ADDRESS: 531 N. Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

V V

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. 104 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Call

{ Residence, if in Baltimore, Give Street and Number. } 104 E. Lanvale St

Duration of Residence in Baltimore.

C 610

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 19th 1838

AGE: 68 years, 6 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Charles Coll

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen McIntyre

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Supt of Bldg

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Coll

(Address) 104 E Lanvale St

Filed 4/28/ 1907

HARRY C. PEDRICK, CITY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 26 1907

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to 190

that I last saw him alive on 190

and that death occurred, on the date stated above, at 11-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj. D Hayden M.D.

Address 1216 N. Caroline St

Date Apr. 27 1907.

Place of Burial Cathedral Cemetery

Date April 29th 1907

Undertaker Henry L. Mears & Son

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0611

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1237 E. Lexington St. St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Schneider.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: March (Month) 16 (Day) 1845 (Year)

AGE: 62 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Max Green.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Rachel Kurecki.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Hswf

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Whitehead M.D.

(Address) 1215 Madison Ave

Filed 4/29/ 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to April 28 1907 that I last saw h[er] alive on April 25 1907, and that death occurred, on the date stated above, at ....M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis 2nd Stage

Unknown (DURATION) — DAYS

Contributory Bronchitis

(DURATION) 21 DAYS

(Signed) Alfred Whitehead M. D.

April 26 1907 (Address) 1215 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Woodlawn Dale — DATE OF BURIAL: April 29 1907

UNDERTAKER: Mary Lennon — ADDRESS: 1620 McElderry St

PERRY & CLEMENTS CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 0612

Permit No. A..... **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday April 27 1907

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Caroline M. Marshall

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 206 N. Washington

Cause of Death, First (Primary) Complication of Diseases

Second (Immediate) Exhaustion

Duration of Last Sickness, Been sick 17 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Apr. 29th 1907

Undertaker, Wendell Lippel Son

Place of Business, 330 S. Bond st.

Chas. Jenning M. D.,
Medical Attendant.

Address 1502 N. Mart

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

4/29/07 HARRY O. ANDREWS CLERK

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(OVER)

EDWARD POLLOCK, SHARP AND PRATT STS., BALTO.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0613

City of Baltimore, (No. 1024 Granby St.; 2d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Mechanic

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Israel Mechanic

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Etta Yaffie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Hyman

(Address) 1039 Granby st

Filed 4/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 29th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 23d 1907 to Apr. 29th 1907 that I last saw h er alive on Apr. 28th 1907, and that death occurred, on the date stated above, at 6.30 a. M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 9 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. F. Rice M. D.

Apr. 29th 1907 (Address) 213 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Philip Rd Rois Dale

DATE OF BURIAL: April 29 1907

UNDERTAKER: Mat Levinson

ADDRESS: 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Register 1530

CERTIFICATE OF DEATH.

(Place of Death.) No. 1519 Nicholson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Detzel

{ Residence, if in Baltimore, Give Street and Number. } 1519 Nicholson

Duration of Residence in Baltimore. Life C.614

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Febrnary 12 1907

AGE ..... years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Tobias Detzel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eva Krohardt

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tobias Detzel (father)

(Address) 1519 Nicholson St

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas M Reinhardt M.D.

Address Coroner

Date April 28 1907

Place of Burial Cedar Hill

Date April 29th 1907

Undertaker Jos. Stumbaugh

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0615

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1637, Division St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Teresa Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Jan (Month) 18 (Day) 1 (Year)

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Johnson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Lucy Sewell

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Collins

(Address) 1637 Division St

Filed 4/29/1907 HARRY C. UNDERWOOD Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 13th 1907 to Apr. 27 1907

that I last saw her alive on Apr. 27 1907,

and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis (DURATION) 18 mos

Contributory Coma (DURATION) 24 hrs

(Signed) W. Gantforth M. D.

Apr 27 1907 (Address) 1354 N Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters | DATE OF BURIAL 30th April 1907

UNDERTAKER Clarence Wright | ADDRESS 1364 N Carey

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...16

...St. ...eath occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Brady

{ Residence, if in Baltimore, Give Street and Number. } 506 N Preston St.

C.016

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: ...1...

AGE: ~~54~~ 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Brady

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wilson

(Address) 506 N Preston st

Filed 4/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to April 26 1906 that I last saw h~~im~~ alive on Feb 2 1907, and that death occurred, on the date stated above, at 8 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Old age

(DURATION) 365 DAYS

(Signed) W. J. Kastan M.D.

Address 852 W. North Ave

Date April 27 1907

Place of Burial National Cemetery

Date April 29 1907

Undertaker W. J. Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

...SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...**twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 0617

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Griffen

{Residence, if in Baltimore, Give Street and Number.} 1021 Woodley St.

Duration of Residence in Baltimore. C 617

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thos Griffen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Lawrence H Griffen

(Address) 1041 Woodley av

Filed 4/29/1907 HARRY J. ENDERS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 28 1907.

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to April 28 1907.

that I last saw h alive on April 28 1907,

and that death occurred, on the date stated above, at .....

C. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis.

(DURATION) (7) DAYS

Contributory (Primary) Heart Failure.

(DURATION) 14 DAYS

(Signed) John W. Sandmann M.D.

Address Md. General Hospital

Date April 28 1907.

Place of Burial Greenmount Cem

Date Apr 30 1907

Undertaker Wm Cook

Address 507 E North av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0618

City of Baltimore, (No. 1117 N. Fulton St., Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rev. John W. Hedges

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 22 1818 (Month) (Day) (Year)

AGE: 88 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Hedgesville W. Va.

FULL NAME OF FATHER: Joseph Hedges

BIRTHPLACE OF FATHER (State or country): Hedgesville W. Va

MAIDEN NAME OF MOTHER: Ann Harris

BIRTHPLACE OF MOTHER (State or country): Berkley Co. W. Va

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hedges

(Address) 1117 N. Fulton Ave

Filed 4/29 1907 HARRY C. ADAMS PRESIDENT Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apl. 8 1907 to Ap. 27 1907

that I last saw him alive on " 27 1907,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 2 DAYS

Contributory General weakness

old age (DURATION) DAYS

(Signed) Chas. C. Conner M. D.

4/27/07 1907 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: April 29 1907

UNDERTAKER: W M Rowlow

ADDRESS: 2504 Greene

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0619

City of Baltimore, (No. 306, N. Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Silberzahn.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Jan. (Month) 22 (Day) 1832 (Year)
AGE: 75 years, 3 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
BIRTHPLACE (State or country): Germany.
FULL NAME OF FATHER: George Lucker.
BIRTHPLACE OF FATHER (State or country): Germany
MAIDEN NAME OF MOTHER: —
BIRTHPLACE OF MOTHER (State or country): —
OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline E. Mesner.
(Address) 306 N. Mount St.

Filed Apl 29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 29. (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to April 29. 1907
that I last saw h.. alive on .. 29 1907,
and that death occurred, on the date stated above, at 11
P. M. The CAUSE OF DEATH was as follows:

Arteri Sclerosis (DURATION) 3or4 DAYS

Contributory Pulmonary Edema (DURATION) 2 DAYS

(Signed) Jno A. Hartman M. D.
Apl. 29. 1907 (Address) 1121 N Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem
DATE OF BURIAL: Apl 30 1907
UNDERTAKER: A. Fink & Son
ADDRESS: 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0620

Registered No. B.....

City of Baltimore, (No. 11 W. Montgomery St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlotte E. Busey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. (Month) 12 (Day) 1906 (Year)

AGE: ..... years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Richard Busey

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Amelia Retowsky

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Busey

(Address) 11 W. Montgomery

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 27th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 23 1907 to April 27th 1907

that I last saw her alive on April 27 1907,

and that death occurred, on the date stated above, at 1.45 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 60 DAYS

Contributory Asthenia

(DURATION) 10 DAYS

(Signed) H. J. Carrick M. D.

1907 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western cemetery | DATE OF BURIAL: Apr. 29 1907

UNDERTAKER: D. Tew McCully | ADDRESS: 396 Fort

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 0621 Registered No. B ..... C 0621

45 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1320 Eutaw Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Emma Dannaun

{ Residence, if in Baltimore, Give Street and Number. } 1320 Eutaw Place

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 21st 1830

AGE 77 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Mr Mac Donald

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. M. Dannaun

(Address) 1320 Eutaw Place

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Apl. 28 1907

that I last saw h[illegible] alive on Apl. 28 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer involving intestines and possibly stomach

about 3 months (DURATION) DAYS

Con'tributory (Primary) Cancer of Left Breast (DURATION) unknown

(Signed) Thos F. McCormick M.D.

Address 1421 Eutaw Place

Date Apl. 28 1907

Place of Burial New Cathedral Cem

Date April 30" 1907

Undertaker Hy W Jenkins & Sons Co

Address Howard & Madison Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. 2007 May. Anna n. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine. D. Bach

{Residence, if in Baltimore, Give Street and Number.} 2007 May. Anna st

Duration of Residence in Baltimore. 47 Jan C.0622

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: March 8 1824	
AGE: 83 years, 1 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Wms

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Lerch

(Address) 2007 Maryanna.st.

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to April 26 1907 that I last saw h[illegible] alive on April 26 1907, and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Pneumonia

Senile April 18/07 (DURATION) DAYS

Contributory (Malignant) Cardiac Nephritis

unknown (DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Apr 27 1907

Place of Burial Western Cem

Date April 29 1907

Undertaker Jas. Joesdens. Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0623 Registered No. B ..... 61 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry Cole

{ Residence, if in Baltimore, Give Street and Number. } U.S. Marine Hospital

Duration of Residence in Baltimore. 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 -

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) United States

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. L. Lehmann

(Address) U.S. Marine Hospital

Filed 4/29 1907 Registrar

MARRY OF ANDREWS
[illegible]
MARRY OF ANDREWS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to April 26 1907

that I last saw h-im alive on April 26 1907,

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carbo Lobar pneumonia

(DURATION) ✓ DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Lehmann M.D.

Address U.S. Marine Hospital

Date April 26 1907.

Burial Permit

Place of Burial Harrington Maine

Date Apr. 29 1907

Undertaker Wm Cook

Address 1502 E Monument Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0624 Registered No. B ... 120

CERTIFICATE OF DEATH.

Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Peter Sally

{ Residence, if in Baltimore, Give Street and Number. } 1107 Eutaw st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Stableboy Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sally

(Address) Case V Eutaw St.

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to April 28 1907 that I last saw him alive on April 27 1907, and that death occurred, on the date stated above, at 2 ~~4~~ M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) ... DAYS

Contributory (Primary.) Ch. Nephritis.

(DURATION) ... DAYS

(Signed) Chas L. Timmons M.D.

Address St Joseph Hospital

Date April 28 1907

Place of Burial Holy Cross Cemetery

Date Apr. 30 1907

Undertaker Henry Hoecke & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0625

CERTIFICATE OF DEATH.

19 V

Registered No. B.....

City of Baltimore, No. Balto. City Jail St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Randolph Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/29/1907 HARRY O'ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ~~December 1906~~ April 1907 to April 1907

that I last saw h[illegible] alive on April 1907,

and that death occurred, on the date stated above, at 7.50 P.M. The CAUSE OF DEATH was as follows:

Valvular Disease of the heart

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Benj. S. Hayden M.D.

Apr. 21 1907 (Address) 1216 N. Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 6 Hrs

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPI[illegible]

DATE OF BURIAL: APR 26 1907

UNDERTAKER: Commissioner Health

ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 0626

35 V

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 403. N Parish St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Mason

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 25 (Month) Sept (Day) 1906 (Year)

AGE — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Mason

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Emma Campbell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mason

(Address) 403 N Parish

Filed 4/29/1907 HARRY C. ARORES, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 15 1907 to Apr 25 1907

that I last saw her alive on Apr 25 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Scrofula 9 mo. (DURATION) ..... DAYS

Contributory Heart Failure (DURATION) 3 DAYS

(Signed) G. W. Slater M. D.

Apr 26 1907 (Address) 1703 W. Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL COLLEGE OF P. & S.

DATE OF BURIAL APR 29 1907 190

UNDERTAKER Commissioner Health.

ADDRESS Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Ward ..... Registered No. ....

120V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Wilkerson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. ..... C 627

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 5-3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Photographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/29/ 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to April 26 1907 that I last saw h-in alive on April 26 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis, Uraemia

Acute

..... (DURATION) ..... DAYS

Contributory (Primary.) Hypostatic Pneumonia (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date April 26 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date April 27 1907

Undertaker William H Woodall

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 6625 Registered No. B 1796

CERTIFICATE OF DEATH.

(Place of Death.) No. 1702 Division St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Herbert Brown

{Residence, if in Baltimore, Give Street and Number.} 1702 Division

Duration of Residence in Baltimore. C. 628

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/29/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from .....1907 to .....1907 that I last saw h..... alive on .....1907 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

[illegible] (DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thos Bardin M.D.

Address 700 Log. av. Comm

Date April 26 1907

Place of Burial COLLEGE OF P. & S

Date April 29 1907

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 0629

C 0629

CERTIFICATE OF DEATH.

(Place of Death.) No Immigration House Locust Point Towson nr Nicholson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Kosler

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy | COLOR white

DATE OF BIRTH May 29 1906

AGE ..... years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Michael Kosler

BIRTHPLACE OF FATHER (State or country) Austria Hungary

MAIDEN NAME OF MOTHER Katalin

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Schumacher & Co.

(Address) 65 Gay St.

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1907

I HEREBY CERTIFY, That I attended deceased from Sat Apr 27 1907 to Mon Apr 29 1907 that I last saw h living alive on Mond Apr 29 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

according to Dr of Supt of Immigration House (DURATION) 3 or 4 DAYS

Contributory (Primary) Measles

according to Same informer (DURATION) 8 DAYS

(Signed) Leo Karlinsky M.D. for Dr Wilson

Address 1210 Eastern ave

Date Apr 29 1907

Place of Burial Ft Evergreen

Date April 29 1907

Undertaker H. - Sander & Son.

Address 1310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0630

City of Baltimore, (No. 118. W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mariamne Jenkins.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Bl.

DATE OF BIRTH: — (Month) — (Day) 1861 (Year)

AGE: 46 years, 46 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co.

FULL NAME OF FATHER: Edward Dorsey Jenkins

BIRTHPLACE OF FATHER (State or country): Carroll Co.

MAIDEN NAME OF MOTHER: Sheila Dorsey

BIRTHPLACE OF MOTHER (State or country): Carroll Co.

OCCUPATION OF DECEASED: Retired Nelson

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mariamne A. Jenkins

(Address) 118. W. Biddle St

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 28th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 27th 1907 to Apr 28th 1907 that I last saw h[er] alive on Apr 28th 1907, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory —

(DURATION) DAYS

(Signed) Wm S Hall M. D.

Apr 28th 1907 (Address) 716. Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: April 30th 1907

UNDERTAKER: Felix B Rye. — ADDRESS: 1025 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 0631 Registered No. B

CERTIFICATE OF DEATH.

9 V

(Place of Death.) No. 1106 Lorman Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm F Cooper

{Residence, if in Baltimore, Give Street and Number.} 1106 Lorman Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 4 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm. F. Cooper

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sidney Partridge

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) W. F. Cooper

(Address) 1106 Lorman al.

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl. 29 1907

I HEREBY CERTIFY, That I attended deceased from Apl 25 1907 to Apl 29 1907 that I last saw h in alive on Apl 28 1907 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Measles
Pharyngeal Laryngeal
Diphtheria

(DURATION) 10 DAYS

Con'ributory (Primary.) Acetonemia

(DURATION) 3 DAYS

(Signed) J Bonnet M.D.

Address 939 N Fayette

Date 1907

Place of Burial Laurel Cemetery

Date April 30. 1907

Undertaker R. N. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

10 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0632 Registered No. B C 0632

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Inerecki

{Residence, if in Baltimore, Give Street and Number.} 1131 Binney Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frank Marecki

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont know.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaw Marecki

(Address) 1131 Binney St

Filed 4/29 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27" 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to April 27 1907 that I last saw him alive on April 27 1907 and that death occurred, on the date stated above, at 1145 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date April 27 1907

Place of Burial St Stanislaus

Date Tuesday April 30" 1907

Undertaker W. F. Dankowski

Address 709 S. Ann St

Will remove to 1124 Bennney St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 0633 Registered No. B

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No 2304 Chelsea Terrace St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rev. Edward A. Colburn

{Residence, if in Baltimore, Give Street and Number.} 2304 Chelsea Terrace

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 20" 1830
AGE	76 years, 9 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Dr. Henry H. Colburn
BIRTHPLACE OF FATHER (State or country)	Mass.
MAIDEN NAME OF MOTHER	Elizabeth Knight
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Selwyn Colburn

(Address) The Waverly

Filed 4/29 1907 JOHN C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28th 1907

I HEREBY CERTIFY, That I attended deceased from April 1906 to March 1907 that I last saw him alive on March 1907 and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure due to general muscular weakness & possible coronary artery disease Sudden (DURATION) DAYS

Con'tributory (Primary.) Old age & senile brights disease (DURATION) years DAYS

(Signed) Clement A. Penniman M.D.

Address 21 E. Mt Royal Ave

Date Baltimore Md 1907

Place of Burial Churchville, Harford Co. Md

Date April 30 1907

Undertaker Henry W. Meamber Jr

Address 1 W. Lexington Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0634 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nancy Levi

{Residence, if in Baltimore, Give Street and Number.} 1205 E. Clarkson St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: — — 1867

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ditto

MAIDEN NAME OF MOTHER: ditto

BIRTHPLACE OF MOTHER (State or country): ditto

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Lisa

(Address) 1205 E Clarkson St

Filed 4/29/1907 HARRY C. HARRIS, C.H.D. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to April 26 1907 that I last saw her alive on April 26 1907 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) DAYS

Con'tributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 4/29 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 29 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PU[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

127

Ward .....

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Gray.

{ Residence, if in Baltimore, Give Street and Number. } .....

C. 635

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balt. md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/29/ 1907 MARY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to April 27 1907

that I last saw h.. alive on April 27 1907,

and that death occurred, on the date stated above, at 10 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Tuberculous Pneumonia (DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) R R Vonid M.D.

Address Baykin Hosptl.

Date April 27 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 29 1907 190 ....

Undertaker William H Woodes

Address 1811 Aisken St

FOR ANATOMICAL PU[illegible]OSPITAL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0636

City of Baltimore, (No. 1429 Bonnty Lane St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Sewell

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Griffin

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Mitchell

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Armstrong

(Address) 1429 Bounty Lane

Filed 4/29 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 28th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 18th 1907 to Apr. 28th 1907

that I last saw h alive on Apr. 18th 1907,

and that death occurred, on the date stated above, at 12.15 a. m. The CAUSE OF DEATH was as follows:

Cancer of the Uterus ..... (DURATION) 8 mos DAYS

Contributory nephritis ..... (DURATION) Yrs DAYS

(Signed) A. F. Rees M. D.

Apr. 29th 1907 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former of Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 30 1907

UNDERTAKER: John A Henderson — ADDRESS: 31 N Caroline

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 6637 Registered No. B ..... 1 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 N Durham. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jos. L. Hicklein

{Residence, if in Baltimore, Give Street and Number.} 111 N Durham.

Duration of Residence in Baltimore. Life C 637

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 17 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Henry Hicklein

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Marg. Lorber

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Taylor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Smith

(Address) 109 N. Durham

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 28 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to Apr 28 1907 that I last saw h[illegible] alive on Apr 28 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Enteric Fever.

(DURATION) 7 weeks

(Signed) J. C. Blades M.D.

Address 121 Jackson Place

Date April 29th 1907

Place of Burial Holy Redeemer

Date Apr May 1st 1907

Undertaker Trudell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0638 Registered No. B

CERTIFICATE OF DEATH.

8 | 1 | 07

(Place of Death.) No. 2800 E. Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Hammel

{Residence, if in Baltimore, Give Street and Number.} 2800 E Balto St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jacobs

(Address) 2800 E. Balto. St.

Filed 4/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 27 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Apr 27 1907

that I last saw him alive on Apr 26 1907,

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis.

(DURATION) 4 mo DAYS

Contributory (Primary.) Exhaustion

(DURATION) 9 DAYS

(Signed) P. C. Slades M.D.

Address 1121 Jackson Pl

Date Aug 27 1907

Place of Burial Trinity

Date Apr. 30 1907

Undertaker Mundell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0639 Registered No. B 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier 8 Locust Point St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Robert A Sweetmon

{ Residence, if in Baltimore, Give Street and Number. } 3620 Cedar Ave

Duration of Residence in Baltimore. 29 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 17 1862

AGE: 44 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: M H Sweetmon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie M. Williams

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenora Sweetmon (wife)

(Address) 3620 Cedar Ave

Filed 4/29 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.01 A.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

a crushed about the body

due to collapsing of Pier #8

Locust Point (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date April 29, 1907

Place of Burial St Marys Hampden

Date Apl 30 1907

Undertaker Wm E Chenowith & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0640

CERTIFICATE OF DEATH.

191

(Place of Death.) No. # 280 Roland Ave Hampden St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Elizl J. Stewart

{ Residence, if in Baltimore, Give Street and Number. } 280 Roland Ave

Duration of Residence in Baltimore. 7 years C.640

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH March 20 1853

AGE 53 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Stewart

(Address) 280 Roland Ave

Filed 4/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 27 1907

I HEREBY CERTIFY, That I attended deceased from Feby 1 1907 to April 28 1907 that I last saw her alive on April 28 1907, and that death occurred, on the date stated above, at 730 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation
+ Stenosis

3 mo. (DURATION) 28 DAYS

Contributory (Primary.)
asthma (DURATION) 4 months ~~DAYS~~

(Signed) J Revault M.D.

Address 765 E 3rd ave

Date Apr 29 1907

Place of Burial Rockville Balto Co Md

Date Apl 30 1907

Undertaker J.H. Ebenowath & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C [redacted] Registered No. B C [redacted] 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Mack

{ Residence, if in Baltimore, Give Street and Number. } 122 East St

Duration of Residence in Baltimore. life

C 6411

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —— 1

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balt Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Clara Mack

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Mack.

(Address) 122 Chestnut St

Filed 4/30 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 28 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 26 1907 to Apr. 28 1907

that I last saw h[illegible] alive on [illegible] 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Hepatitis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Caroline St

Date Apr. 29 1907

Place of Burial Mt. Auburn

Date April 30th 1907

Undertaker Wm J G Jackson

Address 421 McCulloh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 6042 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Shields Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances E Tasker

{ Residence, if in Baltimore, Give Street and Number. } 1534 Shields Al.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	4 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	M Tasker
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Francis Smith
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Smith.

(Address) 1534 Shields Alley

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 - 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to April 27 1907 that I last saw her alive on April 26 1907 and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Spinal Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Hawkins M.D.

Address 1202 D. St. Ave

Date April 27 1907

Place of Burial Laurel Cemetery

Date April 30. 1907

Undertaker R. McGlinth

Address 506 Hagers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 0643 Registered No. B[illegible] C [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward V. Schuchmann

{ Residence, if in Baltimore, Give Street and Number. } 1824 N. Durham

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 8 1870

AGE 37 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Theo. F. Schuchmann Sr.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Delle

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Schuchmann

(Address) 1824 N. Durham

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28th 1907

I HEREBY CERTIFY, That I attended deceased from April 22nd 1907 to April 28th 1907

that I last saw h[illegible] alive on April 28th 1907,

and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

(a) Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) Wm. Peter Mile M.D.

Address 1101 N. Eutaw

Date April 29th 1907

Place of Burial Pikesville

Date April 30 1907

Undertaker Robt. J. Thomas Sr.

Address 1324 Mary. Valentine

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

C 0644 Registered No. B C 0644

CERTIFICATE OF DEATH.

(Place of Death.) No. Wallbrook Ave & 13th St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William Dallam Lockwood-

{ Residence, if in Baltimore, Give Street and Number. } Wallbrook Ave & 13th St

Duration of Residence in Baltimore. 3 years - 2 months 14 days -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: Feb - 14th 1904

AGE: 3 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md-

FULL NAME OF FATHER: Harry B. Lockwood-

BIRTHPLACE OF FATHER (State or country): Baltimore Md-

MAIDEN NAME OF MOTHER: Rose-Maria Nickolai

BIRTHPLACE OF MOTHER (State or country): Baltimore Md-

OCCUPATION OF DECEASED: None-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry B. Lockwood.

(Address) Wallbrook Ave & 13th St

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1907

I HEREBY CERTIFY, That I attended deceased from Apr 8 1907 to Apr 28 1907

that I last saw him alive on 4/28 1907

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Leptomeningitis —

Cardiac failure

(DURATION) 6 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 20 DAYS

(Signed) W. D. Olmstead M.D.

Address 1828 W. North Ave

Date Apr 28 1907

Place of Burial Druid Ridge Cem-

Date April 30th 1907

Undertaker Wm. M. Gaulbrup

Address North & Linden Aves-

WM. J. C. DULANY CO., BALTIMORE.

6 at B Bur B

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0645

City of Baltimore, (No. 2723 Penna. Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Emily Claudie Stout

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 17 1875 (Month) (Day) (Year)

AGE 31 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Westminster Md.

FULL NAME OF FATHER Geo. C. Yingling

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary J. Kelly

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Faith Stout

(Address) 2723 Penna. Av.

Filed 4/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 4 1906 to Apr 29 1907 that I last saw her alive on Apr 27 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Cancer of Vagina (Mens V. Rectum)

about one year (DURATION) DAYS

Contributory Anemia & gen. weakness

same (DURATION) DAYS

(Signed) E A Smith M. D.

Apr 29 1907 (Address) 605 N. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL May 1907

UNDERTAKER Wm Lodtk | ADDRESS 502 S North Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 0646 Registered No. B [illegible] 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Lloyd

{Residence, if in Baltimore, Give Street and Number.} 410 W Hamburg

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dec. 25 1875

AGE: 31 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Spencer Stanley

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susanna Milburn

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susanna Stanley

(Address) 410 W. Hamburg.

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to April 27 1907 that I last saw h[illegible] alive on April 27 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H S McCauley M.D.

Address 2005 Hollins Ave

Date April 29 1907

Place of Burial Mt. Auburn Cem.

Date April 30 1907

Undertaker John H. Toadvine

Address 142 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0647 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Pool

{ Residence, if in Baltimore, Give Street and Number. } Woodberry 5 Clipper Heights

Duration of Residence in Baltimore. Life

C. 6457

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	Col.
DATE OF BIRTH	Jan 4 1890
AGE	17 years, 3 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm. E. Pool
BIRTHPLACE OF FATHER (State or country)	Montgomery Co Md
MAIDEN NAME OF MOTHER	Julia A Steadly
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A Pool

(Address) 5 Clipper Heights

Filed 4/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 20 1907 to Apr. 28 1907

that I last saw h[illegible] alive on April 28 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 8 DAYS

(Signed) W. G. Donelly M.D.

Address City Hospital

Date April 28 1907

Place of Burial St Mary's W

Date May 1 1907

Undertaker W S Marshall

Address 1553 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0648

Registered No. B.....

City of Baltimore, (No. 1430, Warner Place St.;.....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. Garner

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col
DATE OF BIRTH (Month) (Day)	1879 (Year)
AGE	24 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Philip Garner
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary C Thornton
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thornton

(Address) 1430 Warner St

Filed Apl 30 1907

MARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to April 27 1907 that I last saw h.. alive on April 27 1907, and that death occurred, on the date stated above, at 9-30 P. M. The CAUSE OF DEATH was as follows:

Phthisis pulmon

History of only

2 or 3 months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) L. E. Schmucker M. D.

April 29 1907 (Address) 2226 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	April 30 1907
UNDERTAKER	ADDRESS
Saml H. Chase	1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 0649 Registered No. B 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Howard L Ellender

{Residence, if in Baltimore, Give Street and Number.} 1512 Harlem Ave

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 18 179

AGE 27 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Charles F Ellender

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Sarah E Rollins

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Civil Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Ellender (brother)

(Address) 1012 N Monroe

Filed 4/30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw ~~him alive on~~ 1907,

and that death occurred, on the date stated above, at 11.01 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull & crushed about the body due to collapsing of Pier # 8 Locust Point (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Geo M Grinhardt M.D. Coroner

Address

Date April 27 1907

Place of Burial Greenmount Cem.

Date April 30 1907

Undertaker Geo J Smith Co

Address 1084 N. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 0650 Registered No. B C 0650

CERTIFICATE OF DEATH.

(Place of Death.) No. 836 Woodward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred P. S. Roman

{Residence, if in Baltimore, Give Street and Number.} 836 Woodward St.

Duration of Residence in Baltimore. Life C.650

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Geo Roman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Roman

(Address) 836 Woodward St

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29, 1907

I HEREBY CERTIFY, That I attended deceased from April 22, 1907 to April 29, 1907 that I last saw h er alive on April 28, 1907, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Cunningham M.D.

Address

Date 190

Place of Burial Loudon Park.

Date March 1 1907

Undertaker Welch Dyer

Address 600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 0651 Registered No. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1551 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Sylvania & Nellie Wright

{Residence, if in Baltimore, Give Street and Number.} 1551 Bruce st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: April 26th 1907

AGE: Nine hours ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Sylvania Wright

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Nellie Turner

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Henderson

(Address) 1614 Vincent St.

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave (Corner)

Date April 29th 1907

Place of Burial Mt Hope

Date April the 30 1907

Undertaker JAMES H. DENNIS,

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 0652 Registered

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anton Wolfel

{Residence, if in Baltimore, Give Street and Number.} 1722 Wilkens Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 25 1852

AGE: 54 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Catonsville Md

FULL NAME OF FATHER: John Wolfel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Elevator Constructor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Wolfel wife

(Address) 1722 Wilkens Ave

Filed 4/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to 190

that I last saw ~~him~~ alive on 190,

and that death occurred, on the date stated above, at 11:0[illegible]

M. CAUSE OF DEATH (Secondary or Immediate) Crushed about the body due to collapsing of Pier # 8 Locust Point

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr W. Reinhardt M.D.

Address Coroner

Date April 30. 1907

Place of Burial London Park Cem

Date April 30 1907

Undertaker Jno B Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 0655 Reg.

CERTIFICATE OF DEATH.

(Place of Death.) No. 36 E. Williamson St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Broening

{Residence, if in Baltimore, Give Street and Number.} As above

Duration of Residence in Baltimore. 53 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	September 9 1833 1
AGE	73 years, 7 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Broening
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Broening

(Address) 36 E. Williamson St.

Filed 4/30 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27/07. 190

I HEREBY CERTIFY, That I attended deceased from Apr. 27/07 190 to Apr. 27/07 190 that I last saw him alive on Apr. 27/07 190, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) ? DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) Ed Eltes M.D.

Address 915 Light St.

Date Apr. 30/07. 190

Place of Burial London Park Cemetery

Date April 30 1907 190

Undertaker Armstrong Denny Co.

Address 115 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0654 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 N. West St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Allison

{Residence, if in Baltimore, Give Street and Number.} 130 N. West St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Newell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Dolphin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Fremont Ave

Filed 4/30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 29 1907

I HEREBY CERTIFY, That I attended deceased from Apr 10 1907 to Apr 29 1907 that I last saw her alive on Apr 28 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 19 DAYS

Contributory (Primary)

(DURATION) 19 DAYS

(Signed) C. J. Smith M.D. M.D.

Address 528 Kennard St

Date Apr 30 1907

Place of Burial Loudon Park

Date April 31st 1907

Undertaker John J. Fields

Address 1200 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0655 Registered No. 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 S. Carlton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John A. Booker.

{Residence, if in Baltimore, Give Street and Number.} 116 S. Carlton St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Booker

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lillie M Myers

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 120 W. Fontaine

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29, 1907.

I HEREBY CERTIFY, That I attended deceased from April 28 1907 to April 29 1907 that I last saw him alive on April 29 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Broncho - Pneumonia (DURATION) 2 DAYS

(Signed) MacNeill M.D.

Address 1315 Hollins St

Date April 30 1907

Place of Burial London Park

Date April 30th 1907

Undertaker John J Fields

Address 120 W. Fontaine St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

Registered No. B C 0656

CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 Hopkins av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Greune

{Residence, if in Baltimore, Give Street and Number.} 1213 Hopkins av

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 30 Dec 1833

AGE: 73 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Greune

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Holm

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Greune

(Address) 1213 Hopkins av

Filed 4/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from March 26th 1907 to April 30th 1907

that I last saw him alive on Apr 26th 1907,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Liver

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw M Shipwood M.D.

Address 57 N. Washington St.

Date April 30th 1907

Place of Burial Mount Carmel Cem

Date May 1 1907

Undertaker Chas J Timanus

Address 6 S Carrollton

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 0657 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1328 S Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Zipporah Nute Nute

{Residence, if in Baltimore, Give Street and Number.} 1328 S. Charles St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 14 1837

AGE 70 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Harrington

(Address) 1328 S. Charles St

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to April 29 1907 that I last saw h[illegible] alive on April 21 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction
probably carcinoma

(DURATION) Indefinite DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1240 S Charles

Date April 30 1907

Place of Burial Balto Cemetery

Date May 2 1907

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sick[ness] or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undert[aker] setting forth, as far as the same can be ascertained, the ***full name*** [of the] deceased, and the ***cause and date of death.*** [person superintending the burial, a certificate (whether married or single) of the person

Ward 10 C 6656 Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Jy Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Henry Col

{Residence, if in Baltimore, Give Street and Number.} 1011 Carlton Street

Duration of Residence in Baltimore. 25 years C. 656

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1 —

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Patten

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine Skinner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) daughter John Weeks

(Address) 1011 Carlton st

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 29. 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 19 1907 to Apr. 29 1907 that I last saw h.. alive on Apr. 29 1907 and that death occurred, on the date stated above, at 5.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Local Peritonitis.

(DURATION) 7 DAYS

Contributory (Primary.) Carcinoma Uteri

(DURATION) [illegible] DAYS

(Signed) H. E. Burnham M.D.

Address Franklin Jy Hosp

Date April 29 1907

Place of Burial Easton Md Easton Whf

Date April 30 1907

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BA...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0659

City of Baltimore, (No. 1826 Bolton Street St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Ellinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 27 (Day) 1907 (Year)

AGE: ..... years, ... months, 2½ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): 1826 Bolton St Balto

FULL NAME OF FATHER: Emanuel J Ellinger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Grace M Myers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel J Ellinger

(Address) 5h & Biddle St

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 27 1907 to April 30 1907

that I last saw h... alive on April 29 1907,

and that death occurred, on the date stated above, at 7:30 A. M. The CAUSE OF DEATH was as follows:

Premature Birth
Exhaustion

(DURATION) 2½ DAYS

Contributory Hepatic Toxaemia of Nutrition (DURATION) 6 DAYS

(Signed) Emanuel J Ellinger M. D.

April 30 1907 (Address) 5h & Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: April 30 1907

UNDERTAKER: John A Stough & Co — ADDRESS: 422 Penna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0660 Registered No. 3 .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 Hargrave alley Riggs St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Caroline Riggs

{ Residence, if in Baltimore, Give Street and Number. } 515 Hargrave alley

Duration of Residence in Baltimore. 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Fax

(Address) 513 Hargrave Alley

Filed 4/30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to April 29 1907

that I last saw h... alive on April 28 1907

and that death occurred, on the date stated above, at 435 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cyclonic convulsions

age -

Heart Failure

(DURATION) 9 DAYS

Contributory (Primary) Heart D

(DURATION) 4 DAYS

(Signed) Dr. G. W. Bernard M.D.

Address 726 Eutaw St

Date April 29 1907

Place of Burial Mt Auburn Cemetery

Date May 1st 1907

Undertaker Felix B Dyke

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0001 Registered No. B 1991

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 N. Mount st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward James Fortune

{Residence, if in Baltimore, Give Street and Number.} 1127 N. Mount st

Duration of Residence in Baltimore. 22 Years C.661

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 30 1873

AGE: 33 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: John Fortune

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Philpot

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Fortune

(Address) 1127 N. Mount St

Filed 4/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to April 29 1907 that I last saw him alive on Apr 29 1907 and that death occurred, on the date stated above, at 7 — A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Francis D. McCarran M.D.

Address 416 E. North ave

Date April 30 1907

Place of Burial New Cathedral

Date May 3rd 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st C 0662 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2308 Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Lindner

{Residence, if in Baltimore, Give Street and Number.} 2308 Boston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 23rd 1877

AGE: 30 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Lindner

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Sadie Gast.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Lindner

(Address) 805 S. Port St

Filed 4/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from April 29 1907 to April 30 1907 that I last saw him alive on April 30 1907, and that death occurred, on the date stated above, at 11.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

(DURATION) 30 DAYS

Contributory (Primary.)

Cardiac Exhaustion (DURATION) 3 DAYS

(Signed) O. L. Long M.D.

Address 2429 Fait Ave

Date April 30 1907

Place of Burial Sacred Heart Cemetery

Date May 3rd 1907

Undertaker Germanus Tirance

Address Eor Bank and Wolfe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Ringgold

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 663

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to April 28 1907 that I last saw h.. alive on April 28 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage Exhaustion

..... (DURATION) .....

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date April 28 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 30 1907 1907

Undertaker Myers & Wooden

Address 1811 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0664 Reg ..... No. 1

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Williams

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

C. 664

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH 1	
AGE 72 years, ... months ..... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt. Lamar Hollyday

(Address) BAY VIEW ASYLUM.

Filed 4/30 1907 HARRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to April 30 1907 that I last saw h in alive on April 30 1907 and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis.

Gangrene of foot

Debility (DURATION) ..... DAYS

Con'ributory (Primary) Arterio-sclerosis (DURATION) ..... DAYS

(Signed) R R Vansant M.D.

Address Bay View Hospital

Date April 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 30 1907 190

Undertaker Wm H Howden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Colored
15
Miss

Ward ..... C 0666 Registered No. B C 0666

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 1/2 Clay St. St. (If Death in Hospital or Institution give its Name instead of Street and No.)

Full Name. Walter J. Blondell

{Residence, if in Baltimore, Give Street and Number.} 2 1/2 Clay St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/30 1907 HARRY G. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 23d 1907 to April 30 1907

that I last saw h.. alive on April 29 1907

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) 7 DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. E. Von Fiedler M.D.

Address 1191 W. Saratoga St

Date April 30 1907

Place of Burial COLLECTOR OF V. S.

Date APR 30 1907

Undertaker Commissioner Health.

Address Hall

FOR ANATOMI...

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

Ward 11 C 0667 Registered No. B C 0667 v

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Lingley

{Residence, if in Baltimore, Give Street and Number.} 108 Francis St. Everett. mass.

Duration of Residence in Baltimore. 3 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1884

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Amherst —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Langley

(Address) Md. General Hospital

Filed 5/1/ 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 26, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1907 to Apr. 25 1907 that I last saw h-im alive on Apr 25 1907, and that death occurred, on the date stated above, at 10-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Apr. 26, 1907.

Place of Burial Boston Mass —

Date April — 30 1907

Undertaker Wm. H. Gawthrop

Address North & Linden Ave —

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of**

Ward 6 — C 0668 — Registered No. B C 0668 87

CERTIFICATE OF DEATH.

(Place of Death.) No. #1820 N. Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Norman Fauldrath

{Residence, if in Baltimore, Give Street and Number.} #1820 N. Hopkins Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Nov. 21st 1901 1

AGE: 5 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Harry C. Fauldrath

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Barbara E. Hofmeister

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C. Fauldrath

(Address) 1820 N. Hopkins

Filed 5/1/07 1907

HARRY C. ANDREWS, ass't PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29th 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to April 29 1907 that I last saw him alive on April 29 1907, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lesion of Medulla Oblongata

(Operation for Adenoids 4-23-07)

(DURATION) DAYS

Contributory (Primary.) Anaesthesia by Bromide of Ethyl (DURATION) DAYS

(Signed) Chester Wolfe M.D.

Address 700 N. Howard St

Date April 30th 1907

Place of Burial Baltimore Cemetery

Date 5/1/07 190

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0669

City of Baltimore, (No. 1616 E Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen E. O'Donnell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 12 (Day) 1902 (Year)

AGE: 4 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John O'Donnell

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs P. O'Donnell

(Address) 1616 E. Pratt St.

Filed 5/1/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to Apr 29 1907

that I last saw him alive on Apr 29 1907,

and that death occurred, on the date stated above, at 4-45 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory

(DURATION) DAYS

(Signed) John Girdwood M. D.

Apr 30 1907 (Address) 1811 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem.

DATE OF BURIAL: May 1st 1907

UNDERTAKER: John A. Maan

ADDRESS: Bamb & Amst

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married, single) of the person deceased, and the cause and date of death.

Ward 5 C 0670 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 132 Chestnut St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Pearl Bradus

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk.

DATE OF BIRTH April 11th 1907

AGE — years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Mace Culley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Pearl Bradus

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 132 Chestnut St

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 11th 1907 to April 30 1907 that I last saw h alive on April 29 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis - Inanition

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date April 30 1907

Place of Burial Md. Zion

Date May 1 1907

Undertaker R. F. Ellicott

Address 576 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B [illegible]

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 839 Raborg St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henrietta Sweet

{Residence, if in Baltimore, Give Street and Number.} 839 Raborg St

Duration of Residence in Baltimore.....

C 0691

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: 1

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Sweet

(Address) 238 E Pratt

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) ... DAYS

Con'tributory (Primary) —

(DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address ...

Date April 30 May 1st 1907

Place of Burial Laurel Cemetery

Date May 1 1907

Undertaker Peter Elliott

Address 5106 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7F C 0672 Registered No. B C 0672 34

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dyda Paschall

{Residence, if in Baltimore, Give Street and Number.} Wilson N C.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N.C.

FULL NAME OF FATHER: J.D. Paschall

BIRTHPLACE OF FATHER (State or country): N.C.

MAIDEN NAME OF MOTHER: L.O. Martin

BIRTHPLACE OF MOTHER (State or country): N.C.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M.O. Paschall

(Address) Wilson N.C.

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1st 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to May 1 1907

that I last saw h[illegible] alive on May 1 1907

and that death occurred, on the date stated above, at 6:45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Generalized Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Tuberculous Peritonitis

(DURATION) DAYS

(Signed) E.H. Richardson M.D.

Address Johns Hopkins Hospital

Date May 1 1907

Place of Burial Wilson N. Carolina

Date 5-2 1907

Undertaker Robt Brockett

Address 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 0673 Registered No. B C 0673 159

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Cor 4th Fayette~~ St. Mary's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Thompson

{Residence, if in Baltimore, Give Street and Number.} N.W. Cor Fayette & Arm Sts

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Oldham

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Dyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Thompson

(Address) Cor 4th Fayette St

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190

that I last saw h— alive on 190—,

and that death occurred, on the date stated above, at 2.0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemorrhage from gistol shot wound in Chest — Suicide —

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St

Date April 30 — 1907

Place of Burial Baltimore Cemetery

Date May 2nd 1907

Undertaker H E Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 0674 — Registered No. B C 0674

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CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josiah Skillman

{Residence, if in Baltimore, Give Street and Number.} Maynard Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 5/1/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to April 30 1907 that I last saw h[illegible] alive on April 30 1907 and that death occurred, on the date stated above, at 8:40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Gall Bladder

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Harvey B. Stone M.D.

Address Johns Hopkins Hospital

Date May 1 1907

Place of Burial Magnolia Harford Co. Md.

Date May 1st. 1907

Undertaker H. E. Hughes

Address 17 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. BC 0675

City of Baltimore, (No. 1731, Little William St.; ♥ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Sweeney

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct 17 1906 (Month) (Day) (Year)
AGE	years, 6 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Mr Thomas Sweeney
BIRTHPLACE OF FATHER (State or country)	West Virginia
MAIDEN NAME OF MOTHER	Lottie Stewart
BIRTHPLACE OF MOTHER (State or country)	Anne Arundel C.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Sweeney

(Address) 1731 Little William St

Filed 5/1 1907

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 5 1907 to April 30 1907 that I last saw her alive on April 29 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Broncho pneumonia

(DURATION) 15 DAYS

Contributory Meningitis

(DURATION) 5 DAYS

(Signed) Emma B. Byrne M. D.

April 30 1907 (Address) 1310 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	May 2 1907
UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 8 C 0676 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Habnicht

{Residence, if in Baltimore, Give Street and Number.} 1517 N Washington St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Michael J Griffin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Conway.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter P. Habnicht.

(Address) 1517 N. Washington St

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8 1907 to Apl 30 1907

that I last saw h er alive on April 30 1907,

and that death occurred, on the date stated above, at 4.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

Four months (DURATION) DAYS

Contributory (Primary.) None

(DURATION) DAYS

(Signed) Wm J Walsh M.D.

Address 5 W Pres

Date April 30 1907

Place of Burial Cathedral

Date May 3 1907

Undertaker W. McCool

Address 522 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 0677 Registered No. B C 0677

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1411 Pulaman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Gourley

{Residence, if in Baltimore, Give Street and Number.} 1411 Pulaman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Man	Colored

DATE OF BIRTH: Jan. 25 th 1907

AGE: ..... years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. Gourley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rosie Diggs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Davis

(Address) 1411 Pulaman St.

Filed 5/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 29th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Lilian Baconnis M.D.

Address 700 Log. av. (Comm.)

Date April 29th 1907

Place of Burial Mt Lebanon

Date April 30th 1907

Undertaker Wm J. Johnson

Address 611 Eden St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 0678 Registered No. B

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1804 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Bull

{Residence, if in Baltimore, Give Street and Number.} 1804 Maryland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 8th 1845

AGE: 61 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm A Wright

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margt Hinds

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: H.W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Bull

(Address) 1804 Maryland ave

Filed 5/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to April 30th 1907 that I last saw h[illegible] alive on April 30th 1907 and that death occurred, on the date stated above, at 3.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Con'tributory (Primary.) Gastritis, pneumonia (DURATION) Long DAYS

(Signed) A. C. Harrison M.D.

Address 3 W North Ave

Date May 1st 1907

Place of Burial Mt Olivet

Date May 3rd 1907

Undertaker Albert F Bullion

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 0679

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. Old York Rd. & Wyanoke Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margret A. Page.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 29 (Day) 1828 (Year)

AGE: 78 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Phila. Pa.

FULL NAME OF FATHER: Cary Kneass

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: — Proctor

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. S. L. Sanford

(Address) Old York Rd. - Waverly -

Filed 5-1-1907 HARRY C. ANDRES, CITY REGISTRAR, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1904 to Apr. 1907 that I last saw h.. alive on Apr. 29 1907, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Asphyxia, Chronic

Several yrs. (DURATION) DAYS

Contributory Senility

(DURATION) DAYS

(Signed) Wm. M. Lamebaker M. D.

Apr. 30, 1907 (Address) 209 Mad. ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge by — DATE OF BURIAL: May 2nd 1907

UNDERTAKER: Stewart & Mowen Co ADDRESS: 216 Park.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0680

City of Baltimore, (No. 103, E. Hill St. St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jamon Maddux.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh.

DATE OF BIRTH: March 8 (Month) (Day) 1877 (Year)

AGE: 30 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: G. P. Maddux.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Mills.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Wolfkoning M.D.

(Address) 603 E. Fayette

Filed 5/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to Apl 30 1907 that I last saw h.. alive on Apl 27 1907, and that death occurred, on the date stated above, at 11.20 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia (DURATION) DAYS

Contributory Nephritis (DURATION) DAYS

(Signed) C. Wolfkoning M. D.

May 1 1907 (Address) 603 E. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: May 2 1907

UNDERTAKER: Jos. Stumbock | ADDRESS: 318 Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0681

City of Baltimore, (No. 1418 Eutaw Place Balto St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace White Springs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 14. (Day) 1873 (Year)

AGE: 33 years, 5 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): So Carolina

FULL NAME OF FATHER: Samuel E. White

BIRTHPLACE OF FATHER (State or country): So Carolina

MAIDEN NAME OF MOTHER: Estha Allison

BIRTHPLACE OF MOTHER (State or country): N. Carolina

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leroy Springs

(Address) Lancaster So Car.

Filed 5/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 30th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to April 30th 1907

that I last saw h~~e~~r alive on April 30 1907,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma Cervix uteri

2 years (DURATION) DAYS

Contributory Nephritis

Few Weeks (DURATION) DAYS

(Signed) H. A. Kelly M. D.

April 30 1907 (Address) 1418 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Charlotte N. C. DATE OF BURIAL: May 1st 1907

UNDERTAKER: Stewart & Mourn ADDRESS: 6215 Park

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C 0682

Registered No. B C 0682 V

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Gholm.

{ Residence, if in Baltimore, Give Street and Number. } 1111 E. Lombard St.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 18th 1825

AGE 81 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Walter

(Address) 1111 E Lombard.

Filed 5/1/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 29 1907 to April 30 1907 that I last saw h[im] alive on April 30 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Cerebral Hemorrhage & Compression (DURATION) DAYS

(Signed) Albert Whitehead M.D.

Address 1216 Madison Ave.

Date May 1st 1907

Place of Burial Baltimore Cemetery

Date May 2nd 1907

Undertaker Jno. Wm. & John W. Leufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

167

CERTIFICATE OF DEATH.

Registered No. B C 0683

City of Baltimore, (No. 209 N. Patterson Park Ave ~~952 Chester St.~~ St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hazel E. Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: 1 (Month) 26 (Day) 1906 (Year)	
AGE: 1 years, 3 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Lawson N. Adams	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Lottie Herzog	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawson N. Adams

(Address) 952 N. Chester St.

Filed 5/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 4 23 1907 to 26 1907 that I last saw her alive on 26 1907, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Burns, deep on right side of Chest also on right side of Abdomen and thigh

2 weeks (DURATION) ..... DAYS

Contributory Bronchial Pneumonia

(DURATION) ..... DAYS

(Signed) H. C. Katzoff M. D.

4/29 1907 (Address) 116 W. 29th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 952 N. Chester St. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Paul Cem.	5/1/07 1907
UNDERTAKER: J. Hennigt Son	ADDRESS: 2008 Orleans St

Baby died this morning at 209 Patterson Park ave.

I have viewed & examined the remains of the deceased

5/1-07

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1714

CERTIFICATE OF DEATH.

Registered No. B C 0684

City of Baltimore, (No. 1107 Pa Av. St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Israel Mayerstein.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: September 9 (Month) (Day) 1906 (Year)

AGE: - years, 8 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Ben: Mayerstein.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Rachel. Finn.

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: Nil —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alpus Blackwood

(Address) 1215 Madison Ave.

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to April 1907 that I last saw him alive on Feb 11 1907, and that death occurred, on the date stated above, at 6 30 A.M. The CAUSE OF DEATH was as follows:

Marasmus.

Eight months (DURATION) DAYS

Contributory Fog - nurse.

(DURATION) DAYS

(Signed) Alpus Blackwood M. D.

May 1 1907 (Address) 1215 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Dale Hebrew Philip Road Rom — DATE OF BURIAL: May 1, 1907

UNDERTAKER: May Levinson — ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. BC 0685

City of Baltimore, (No. 111 N Exeter St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses Korman

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR White
DATE OF BIRTH Apr. (Month) 29 (Day) 1907 (Year)	
AGE ... years, ... months, 1 day	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Harris Korman
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Chaya Stopeck
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Kyman

(Address) 1 E Albemarle st

Filed 5/1 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to April 30 1907 that I last saw h in alive on Apr. 30 1907, and that death occurred, on the date stated above, at 8 30 P. M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) 1 DAYS

Contributory Premature birth.

(DURATION) ... DAYS

(Signed) M. Hirschman M. D.

May 1, 1907 (Address) 900 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Hebrew Philip Rd Rosedale — DATE OF BURIAL May 1 1907

UNDERTAKER M. Levinson — ADDRESS 1120 McElderry st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... give ...

SEX

DATE

AGE

SINGL... WIDO...

BIRTH... (State...

FULL... OF F...

BIRTH... OF F... (State...

MAID... OF M...

BIRTH... OF M... (State...

OCCU... OF D...

THE ... BEST ... (Infor...

Filed 5/...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0686

City of Baltimore, (No. 645, Wyche St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida May Hennaman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 17 (Day) 1905 (Year)

AGE: 1 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Jacob Hennaman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Daisy L Orem

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Daisy L Hennaman

(Address) 645 Wyche St

Filed 5/1 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 17 1907 to Apr 30 1907 that I last saw her alive on Apr 29 1907, and that death occurred, on the date stated above, at 3:30 a. M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(DURATION) 13 DAYS

Contributory Eczema

(DURATION) 30 DAYS

(Signed) R. O. Glasgow M. D.

Apr 30 1907 (Address) Mt Winans Md.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: May 2 1907

UNDERTAKER: Jos B. Cook — ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 0687 Registered No. B C 0687 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 Donnelly's Ct St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ritie Smith

{ Residence, if in Baltimore, Give Street and Number. } 800 Donnelly's ct.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colrd

DATE OF BIRTH: 1

AGE: 1 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Robert Smith

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Emma Simms

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Smith

(Address) 800 Donnelly's Ct.

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from April 190 to April 190

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. S. Hayes M.D.
Coroner

Address 1216 E. Caroline St

Date May 1st 1907

Place of Burial St Peters Cemetery

Date May 1 1907

Undertaker R. S. Elliott

Address 506 Hoffman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 0688 Registered No. B C 0688

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2025 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet A. Clarkson

{Residence, if in Baltimore, Give Street and Number.} 2025 Fairmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 8 1848

AGE: 58 years, 9 months, 22 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo. L. Clarkson

BIRTHPLACE OF FATHER (State or couutry): Md.

MAIDEN NAME OF MOTHER: Ann E. Curran

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 2025 Fairmount Ave.

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30" 1907

I HEREBY CERTIFY, That I attended deceased from Apl 29th 1907 to Apl 30th 1907 that I last saw h er alive on Apl 29th 1907, and that death occurred, on the date stated above, at 5 ~~a~~ p.m. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral apoplexy

Hemorrhage into Ventricular space

about 18 hours (DURATION) — DAYS

Contributory (Primary.) as above

(DURATION) — DAYS

(Signed) Claude Van Bibber M.D.

Address 9 E. Read St.

Date Apl 30th 1907

Place of Burial Holy Cross Cemetery

Date Friday May 3 8 a.m. 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X C 0689 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dixon Cummings

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Blk

DATE OF BIRTH: Foundling about Mar. 1 1907

AGE: — years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 5/1/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 2 1907 to Apr. 29 1907 that I last saw h ex alive on Apr. 29 1907, and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 58 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date April 30 1907

Place of Burial Cathedral Cemetery

Date May 1st 1907

Undertaker Celia B Pye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0690

City of Baltimore, (No. 842 E. Pratt St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Kunza

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 ~~year~~ years 5 ~~mo~~ months, 2 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Emil Kunza

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lina Benke

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Kunza

(Address) 842 E. Pratt st.

Filed 5/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ..... (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 4/24 1907 to 4/30 1907

that I last saw h[illegible] alive on 4/30 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) — DAYS

Contributory Cardiac Stattein

(DURATION) ..... DAYS

(Signed) S. C. Hatz M. D.

5/1 1907 (Address) 116 Dickyson St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount	May 2 1907
UNDERTAKER	ADDRESS
Wendell Lefebvre & Son	330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 0691 Registered No. B C 0691 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dominico Minniti

{ Residence, if in Baltimore, Give Street and Number. } 846 Fawn St.

Duration of Residence in Baltimore. 1 yr. 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	1
AGE	35 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Insbeck

(Address) 330 S. Bond st.

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 20 1907 to Apr. 23 1907

that I last saw h alive on 190 —

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Concussion of brain

(DURATION) DAYS

Contributory (Primary.) accident — fell 7 ft

or Jumped 7 ft Car (DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Carolina st. Coroner

Date Apr. 30 1907

Place of Burial St. Alphonsus

Date May 2" 1907

Undertaker Kendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 0652 Registered No. D ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 E Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Hood

{Residence, if in Baltimore, Give Street and Number.} 1735 E. Lafayette Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 17th 1869

AGE 38 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Ludwig Richter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Sibel

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Hood

(Address) 1735 E. Lafayette Ave.

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 29 1907

I HEREBY CERTIFY, That I attended deceased from Apr 2 1907 to Apr 29 1907

that I last saw h alive on Apr 28 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmon.

(DURATION) 1 mo. DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) G. C. Hales M.D.

Address 121 Jackson Pl

Date Apr 30th 1907

Place of Burial Loudon Park

Date May 2nd 1907

Undertaker G. F. Walker

Address 723 N. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C 0693 Registered No. ... 159

CERTIFICATE OF DEATH.

(Place of Death.) No. Near Montebello Lake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert H. Schaefe.

{Residence, if in Baltimore, Give Street and Number.} 1311 Greenmount Ave

Duration of Residence in Baltimore. Life C.0613

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ... 1 ...

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltic

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Schaefe

(Address) 1311 Greenmount

Filed 5/1 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 30 - 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ... 8

and that death occurred, on the date stated above, at ... A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Geo. H. Carnline M.D.

Address Coroner Md

Date Apr 30 - 07 190

Place of Burial Balto Cem

Date May 1 190 7

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0694 Registered No. D

83

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Hawkins

{ Residence, if in Baltimore, Give Street and Number. } Steward Co

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Md

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Hawkins

(Address) 1904 Division st

Filed 5/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Apr 29 1907 that I last saw h[illegible] alive on April 29 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) 3 DAYS

Contributory (Primary) Varicose Ulcers of Legs (DURATION) DAYS

(Signed) Geo. A. Dorsey M.D.

Address City Hospital

Date April 30 1907

Place of Burial Locust Mission Cemetery Howard Co Md

Date May 2nd 1907

Undertaker Felix B. Pye

Address 1028 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 0695 Registered No. B C 0695

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 N Dallas St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Lizzie & Moses Davenport.

{Residence, if in Baltimore, Give Street and Number.} 21 N Dallas st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH April 24 1907

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Moses Davenport.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Lizzie Statton.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Davenport

(Address) 21 N Dallas st

Filed ..... 190.

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 1st 1907

that I last saw h im alive on April 30 1907

and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth
Convulsions.

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date May 1st 1907

Place of Burial Asbury Cemetary

Date May 2 1907

Undertaker John W Henderson

Address 31 N Caroline st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 0696 Registered No. B C 0696

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Pierce St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Laura Catherine Holly

{Residence, if in Baltimore, Give Street and Number.} 1706 Pierce

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE ..... years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James R. Holly

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Irene Gaskins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R Holly

(Address) 1706 Pierce St

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. Frank Jones M.D.

Address Coroner

Date May 18 1907

Place of Burial Mount Auburn Cem

Date May 2nd 1907

Undertaker Jno. T. Chase

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 6697 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No 1759 Mullikin St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Frederick Green Richardson

{ Residence, if in Baltimore, Give Street and Number. } 1759 Mullikin st.

Duration of Residence in Baltimore. Lifetime C.0047

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frederick Richardson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Richardson

Address 1753 Mullikin st

Filed 5/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 30th 1907 to April 30th 1907 that I last saw him alive on Apr 30th 1907, and that death occurred, on the date stated above, at 6.a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Respiratory failure

(DURATION) 1 DAYS

(Signed) John Dawson M.D.

Address 2102 Orleans st

Date May 1st 1907

Place of Burial Ashury

Date May 2 1907

Undertaker R & E Elliott

Address 506 Royer Ln

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VII

C 0698 Registered No. B C 0698

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Mansfield

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1. 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1906 to May 1. 1907

that I last saw her alive on April 30 1907

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonary

(DURATION) 4 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ? DAYS

(Signed) W. L. Brent. M.D.

Address Bay View Asylum

Date May 1. 1907

Place of Burial Laurel Cemetery

Date May 2" 1907

Undertaker Evans & Spence

Address 118-120 W. Mt Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0699

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1300 E Pratt Street St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Margaret Eckhardt.

{Residence, if in Baltimore, Give Street and Number.} 1300 E Pratt St.

Duration of Residence in Baltimore. 55 years. C 0699

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	November 14 1833.
AGE	73 years, 5 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Philip Reutner
BIRTHPLACE OF FATHER (State or country)	Germy
MAIDEN NAME OF MOTHER	Doretha Eckhardt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Eckhardt.

(Address) 1300 E. Pratt St

Filed 5/27 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1907

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to May 1 1907 that I last saw h.. alive on May 1 1907, and that death occurred, on the date stated above, at 12 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage, followed by paralysis, Coma, &c.

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DA

(Signed) D.W. Cathell M.D.

Address 1308 N Charles St

Date Baltimore May 1 1907

Place of Burial Baltimore Cemetery

Date May 5 190 7

Undertaker Buck Hermann

Address 6 S Carolina

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Vincent.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 0700

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: 1	
AGE: 63 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to May 1 1907 that I last saw him alive on May 1 1907, and that death occurred, on the date stated above, at 5-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis, Chronic diffuse Nephritis Septicaemia.

..... (DURATION) ..... DAYS

Contributory (Primary) Cystitis — Sclerosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 2 1907

Place of Burial Baltimore

Date May 3 1907

Undertaker William Cook

Address 512 E North Av

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 0701 Registered No. B C 0701

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Towson St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Erich Sthünike

{ Residence, if in Baltimore, Give Street and Number. } Emigrant

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Otto Sthünike

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Sthünike

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co

(Address) C. L. Day St

Filed 5/2/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2d 1907

I HEREBY CERTIFY, That I attended deceased from April 27 1907 to May 1st 1907 that I last saw him alive on May 1st 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (lobular)

(DURATION) 6 DAYS

Contributory (Primary) Measles (DURATION) 6 DAYS

(Signed) Skala M.D.

Address 1610 E Fort Ave

Date May 2 1907

Place of Burial 1st Evangelical Ger

Date May 2d 1907

Undertaker K. Sander & Son

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0702 Registered No. B 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 W. Chase St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Edith Conant Brandt Turner

{ Residence, if in Baltimore, Give Street and Number. } 11 W. Chase St.

Duration of Residence in Baltimore. all her life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 19th May 1874

AGE 32 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married Frank B. Turner, husband

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Jacob Brandt

BIRTHPLACE OF FATHER (State or country) Baltimore, Md

MAIDEN NAME OF MOTHER Mariane Dodge

BIRTHPLACE OF MOTHER (State or country) Philadelphia, Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Jno B. Binford

(Address) Relay, Md.

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from Dec — 1905 to April 30 1907

that I last saw h[illegible] alive on April 30 1907

and that death occurred, on the date stated above, at 2.20

I. M. CAUSE OF DEATH (Secondary or Immediate) Edema of Lungs - Ascites - Granular Cancer

(DURATION) 7 DAYS

Contributory (Primary) Nephritis (chronic

(Secondary) — (DURATION) — DAYS

(Signed) Thos R Brown M.D.

Address 17 W Read St

Date May 1 1907

Place of Burial Greenmount

Date May 2d 1907

Undertaker Henry W. Perkins & Son Co.

Address Baltimore, Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0703 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allen C. Stoops

{Residence, if in Baltimore, Give Street and Number.} 530 S Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 4 1907

AGE: ..... years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm C. Stoops

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Martha Engle

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C. Stoops

(Address) 530 S Paca St

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 13th 1907 to April 30th 1907 that I last saw h.. alive on April 29th 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 17 DAYS

Con'ributory (Primary.) Prostration (DURATION) 8 DAYS

(Signed) Chas L. Bubenheim M.D.

Address 418 S. Paca St

Date April 30th 1907

Place of Burial Loudon Park

Date May 2 1907

Undertaker W. J. Tuckerton

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 0704 Registered No. B [illegible]

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Butler.

{ Residence, if in Baltimore, Give Street and Number. } 2024 Hudson Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Georgia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Garland

(Address) 2024 Hudson Alley.

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr- 30- 1907

I HEREBY CERTIFY, That I attended deceased from Apr-17 1907 to Apr-30 1907 that I last saw h[illegible] alive on Apr 30 1907, and that death occurred, on the date stated above, at 10.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Faileure

(DURATION) 1 DAYS

Contributory (Primary.) Organic Heart

(DURATION) 365 DAYS

(Signed) M. W Stout M.D.

Address Md Homoeo Hospital

Date Apr - 30- 1907.

Place of Burial Laurel Cemetery

Date May 2nd 1907

Undertaker Felix B Pye.

Address 102 E Mulberry st -

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 0705 Registered No. B 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Reilly

{ Residence, if in Baltimore, Give Street and Number. } 921 Fell

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	W
DATE OF BIRTH	October 20 1905
AGE	1 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	~~Single~~
BIRTHPLACE (State or country)	Balt
FULL NAME OF FATHER	Joseph Reilly
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Mary Nowarth
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Reilly

(Address) 921 Fell

Filed 5/2/ 1907 HARRY P. ANDREWS CITY REGISTER Registrar

Buried 2 PM

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from April 29 190 to May 1 1907 that I last saw h alive on May 1 1907, and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) 2 DAYS

Contributory (Primary.)

Pneumonia (DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date May 1 1907

Place of Burial St Mary

Date May 2 1907

Undertaker Windell Dippel & Son

Address 39 S Mn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 7006

(Place of Death.) No. 713 Forrest St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Michael Ready

{Residence, if in Baltimore, Give Street and Number.} 713 Forrest st

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 61 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: Lizzie Sullivan	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ellen Ready

(Address) 713 Forrest st

Filed 5/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH APR 30 1907 1907

I HEREBY CERTIFY, That I attended deceased from about Aug 1905 to April 30th 1907 that I last saw him alive on about April 20 1907, and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma left lower jaw (DURATION) about 8 40 DAYS

(Signed) Lee B. Reynolds M.D.

Address 509 N Charles St

Date MAY 1 1907 1907

Place of Burial Holy Cross Cemetery

Date MAY 3 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Lee B. Reynolds 502 N. Charles St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 256 S. Bethel St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary Jones

{Residence, if in Baltimore, Give Street and Number.} 256 S. Bethel st

Duration of Residence in Baltimore. Life

C0704

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1841

AGE 66 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Strawn Trusty

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Wilson

(Address) 220 S. Bethel

Filed 5/2 1907 HARRY O. ANDREWS, BENAIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1906 to May 1st 1907 that I last saw her alive on April 30 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

6 months (DURATION) DAYS

Contributory (Primary.) Heart Disease

about a year (DURATION) DAYS

(Signed) J. L. Winner M.D.

Address 1735 Bank

Date May 1st 1907

Place of Burial Mt Pisgah Cemetery

Date May 3d 1907

Undertaker Theodore White

Address 1702 Gough st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0708 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1030. Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mason Queen

{Residence, if in Baltimore, Give Street and Number.} 1030. Vine

Duration of Residence in Baltimore. Life

C 0708

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Col

DATE OF BIRTH Dec 18 1905

AGE 1 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jane Jackson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Widmyer

(Address) 1030 Vine St.

Filed 5/2 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from A. Cessna 190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 5:30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Cold

(DURATION) DAYS

(Signed) Frank Jones M.D.

Address Owings Mills

Date May 1st 190

Place of Burial Mt. Auburn

Date May 2 1907

Undertaker Alfred J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0709

City of Baltimore, (No. 1317 Winchester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Simms

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER N. Simms

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lena Simms

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Simms

(Address) 1317 Winchester St.

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to May 1 1907 that I last saw h.. alive on May 1 1907, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

4 mos. (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Thomas Dilon M. D.

May 1 1907 (Address) 1300 E. Hamilton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Zion | DATE OF BURIAL May 3 1907

UNDERTAKER Andrew J. Freeman | ADDRESS 106 Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — C 0710 Registered No. B ... 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 W. Camden St. (If Death occurred in Hosp[illegible] or Institution, give Name instead of Street and Number.)

Full Name Maria Tamburo

{Residence, if in Baltimore, Give Street and Number.} 105 W Camden St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 5 — 1 — 1907

AGE ... years, ... months, 4 hrs. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Raimondo Tamburo

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Maria Anna Pitarra

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Anna Pitarra

(Address) 105 W Camden St.

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 — 1 [redacted] 1907

I HEREBY CERTIFY, That I attended deceased from 5-1- 1907 to 5-1 1907 that I last saw h[illegible] alive on 5-1 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

6th month — [redacted]

(DURATION) DAYS

Contributory (Primary.) Congenital Debility

(DURATION) DAYS

(Signed) S. Dorsaneo M.D.

Address 160 S Linden Ave

Date 5 — 2[redacted] 1907

Place of Burial New Cathedral Cemetery

Date May 4 1907

Undertaker F A Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 0711 Registered No. B C 0711

CERTIFICATE OF DEATH.

(Place of Death.) No. 1137 N Valley st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William B. Shaffer

{ Residence, if in Baltimore, Give Street and Number. } 1137 Valley st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 16th 1848

AGE 58 years, 5 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Shaffer

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth A Emmor

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rebecca A. Blake

(Address) 1137 Valley st

Filed 5/2 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from at intervals of a period of during over two years 190 to 190

that I last saw h... alive on May 1 1907, and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

2 years or more (DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date May 2 1907

Place of Burial Greenmount Cemetery

Date May 4th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 ... Registered No. D ...

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 Braddish Ave (Walbrook) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachael A. Hewitt

{Residence, if in Baltimore, Give Street and Number.} 1812 Braddish Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 24 1851

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm. H. Esther

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rachael A. Plummer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Hewitt

(Address) 1812 Braddise ave

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 30 1907

I HEREBY CERTIFY, That I attended deceased from April 29 1907 to April 30 1907

that I last saw her alive on April 30 1907,

and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

—

—

Not known (DURATION) ... DAYS

Contributory (Primary) ... (DURATION) ... DAYS

(Signed) E Wiles Wheeler M.D.

Address 2129 W North Ave

Date April 30 07 1907

Place of Burial Western Cemetery

Date May 3 1907

Undertaker Wm E Chenoweth & Son

Address #919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0713 Registered No. B C 0713

CERTIFICATE OF DEATH.

(Place of Death.) No. 2468 Frederick Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie A Fisher

{Residence, if in Baltimore, Give Street and Number.} 2468 Frederick ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Fisher.

(Address) 2468 Frederick Av.

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from February 12 1907 to April 30 1907 that I last saw her alive on April 30 1907, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.) asphyxia

(DURATION) 2 DAYS

(Signed) Asa L Andrews M.D.

Address 518 Frederick Ave

Date May 1st 1907

Place of Burial Mt Olivet

Date May 3 1907

Undertaker Wm Cook

Address 5026 Harford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 7 C 6711 Register's No. 8

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 Penn St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hartman

{ Residence, if in Baltimore, Give Street and Number. } 209 Penn St.

Duration of Residence in Baltimore. Lifetime

C 6711

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown, 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frederick Hartman

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Hack Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Hartman

(Address) 209 Penn St.

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1st 1907

I HEREBY CERTIFY, That I attended deceased from Feby 28th 1907 to May 1st 1907 that I last saw him alive on May 1st 1907, and that death occurred, on the date stated above, at 8-40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastric Catarrh

(DURATION) 2 Months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date May 1st 1907

Place of Burial Western Cemetery

Date May 3rd 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of John Charleton & Annie Robinson

{Residence, if in Baltimore, Give Street and Number.} 925 Bolton St

Duration of Residence in Baltimore. Life

C.D.715

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Jan 12th 1907

AGE: — years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Charleton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Robinson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Robinson

(Address) 925 Bolton St

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) ..... DAYS

Con'ributory (Primary.) Measles

(DURATION) 4 DAYS

(Signed) Wm Buchanan M.D.

Address 710 Eutaw Av. (Crown)

Date May 2nd 1907

Place of Burial Forest Cemetery

Date May 2nd 1907

Undertaker J. H. Bishop

Address 1107 Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Betty Stewart

{Residence, if in Baltimore, Give Street and Number.} 431 N Central Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM

Address

Filed 5/2 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from April 17 1907 to May 1 1907 that I last saw h— alive on May 1 1907, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

Broncho-pneumonia

(DURATION) DAYS

Con'tributory (Primary) Myoma of uterus (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 2 1907

Place of Burial Cathedral Cemetery

Date May 2 1907

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0717 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 3376 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Bollinger

{ Residence, if in Baltimore, Give Street and Number. } 3376 Cedar Ave

Duration of Residence in Baltimore. 22 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH May 12 1846

AGE 60 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Peter Bollinger

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Cash Driver for City

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Steven Bollinger

(Address) 3376 Cedar Ave

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Cerebral

..... (DURATION) ..... DAYS

Contributory (Primary) Sudden

..... (DURATION) ..... DAYS

(Signed) Charles Guettinger M.D.

Address 1818 N. Charles St

Date May 1 1907

Place of Burial Mem. Lawn

Date May 3 1907

Undertaker A. S. Marshall

Address 5539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B C 0718 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 N. Stricker St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Elizabeth R Hudgins

{Residence, if in Baltimore, Give Street and Number.} 1007 N Stricker St

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female- COLOR White

DATE OF BIRTH 1820

AGE 87 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Frederick Md-

FULL NAME OF FATHER Shepherd Church-

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Elza Patten

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Payant

(Address) 1007 N. Stricker St

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 30th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 24th 1907 to Apr 30th 1907 that I last saw her alive on Apr 30th 1907, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) Took cold a few days before (DURATION) DAYS

(Signed) Gilman S. Evans M.D.

Address 823 N. Fulton Ave

Date Apr 30th 1907

Place of Burial Loudon Park Cem

Date May - 2d 1907

Undertaker John H. Darjes

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Merlin F. Johnson

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeth's Home

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Mar. 1 1907

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 28 1907 to May 1 1907 that I last saw h[is] alive on Apr 30 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date May 1 1907

Place of Burial Cathedral Cemetery

Date May 2nd 1907

Undertaker Felix B Pye

Address 102 E Fulberry st

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 07920

City of Baltimore, (No. 627 W Lamale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Nov (Month) 27 (Day) 1905 (Year)

AGE: 1 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: John W. Turner

BIRTHPLACE OF FATHER (State or country): W. Va

MAIDEN NAME OF MOTHER: Bertha B. Hicks

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha B. Turner

(Address) 627 W. Lamale St

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 28 1907 to May 1 1907

that I last saw he alive on May 1 1907,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Spasms

(DURATION) 3 DAYS

Contributory Gastro-Enteritis

(DURATION) about 4 Mos.

(Signed) W. J. Harris M. D.

May 2 1907 (Address) 1324 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: May 3rd 1907

UNDERTAKER: Chas. G. Bailey

ADDRESS: 1711 Jefferson St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 555 W Biddle St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Harry Gibbs

{ Residence, if in Baltimore, Give Street and Number. } 555 W Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Charles Gibbs

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Isaiel Hawkins

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Gibbs

(Address) 555 W. Biddle st

Filed 5/7 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2nd 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 2nd 1907

that I last saw h[e] alive on May 1st 1907,

and that death occurred, on the date stated above, at 1 a m.

CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia.

(DURATION) 4 DAYS

Contributory (Primary.) Bronchitis

(DURATION) — DAYS

(Signed) John T. McCarthy M.D.

Address 556 W Franklin St

Date May 2nd 1907

Place of Burial Mt Auburn Cemetery

Date May 4th 1907

Undertaker Geisz & Pepper

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

92

(Place of Death.) No Provident Hospital 415 W. Biddle St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name James Gaines

{Residence, if in Baltimore, Give Street and Number.} 406 Hoffman St

C 0722

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 3 years, mon'ts, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Philip Gaines
BIRTHPLACE OF FATHER (State or country)	Ohio
MAIDEN NAME OF MOTHER	Lillie Clarke
BIRTHPLACE OF MOTHER (State or country)	Florida
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Gaines

(Address) 406 W. Hoffman St

Filed 5/2 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1907

I HEREBY CERTIFY, That I attended deceased from May 1 190 7 to May 2 190 7 that I last saw h in alive on May 2 190 7 and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonia Bronchial (DURATION) 14 DAYS

(Signed) B. H. Johnson M.D.

Address Provident Hosp 415 W. Biddle

Date May 2 - 07 190

Place of Burial Mt Auburn Cemetery

Date May 3rd 1907

Undertaker John B. Piper

Address 1926 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8423 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Doyle

{Residence, if in Baltimore, Give Street and Number.} 1108 W Pratt st

Duration of Residence in Baltimore. 10 yr

CD 7823

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, months, days

~~SINGLE~~ MARRIED, ~~WIDOWED, DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Doyle

(Address) 1108 W Pratt st

Filed 4/3/ 1907 MARY C. BURNES, CHIEF CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 30th 190

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia from accidentally fractured leg.

(DURATION) DAYS

Contributory (Primary.) Accident

(DURATION) DAYS

(Signed) B. J. D. Handy M.D.

Address 1216 N. Caroline st Coroner

Date May 2 1907.

Place of Burial H Peters

Date May 3 1907

Undertaker John F Cowan

Address 901 Collins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 147

CERTIFICATE OF DEATH.

(Place of Death.) No. Mercy Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret McNamee

{Residence, if in Baltimore, Give Street and Number.} 520 E Conn St

Duration of Residence in Baltimore. Life C 0724

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos Dig L

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed May 3rd 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

C.A.C.R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from Cr Cancer 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Dysentery from burns

(DURATION) 17 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J. Martin M.D.

Address 1002 W Laf. ave

Date May 2 1907

Place of Burial St. Peters Cemetery

Date May 3 1907

Undertaker Daniel J. Margaret G. Flynn

Address 426 W. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 0725 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. In Patrol Wagon Eden Street
or Hospital
Full Name Sadie Mack

If Death occurred in Hospital or Institution, give its Name instead of Street and Number

{Residence, if in Baltimore, Give Street and Number.} 540 Warners Court

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Oct 26 1881

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Mack

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Ware Mark

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mack

(Address) 1116 Bruton st

Filed 4/3/1907 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

the CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320½ Greene St

Date May 3 1907

Place of Burial Lamma

Date May 3 1907

Undertaker R L Parham

Address 1213 Pamb st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4th

Registered No. B

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. 1704 Fork Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Irang Slack

{ Residence, if in Baltimore, Give Street and Number. } 1704 Fork Av

Duration of Residence in Baltimore. 20 years

C 07126

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1848

AGE: 59 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Michelke

(Address) 1438 Towson St

Filed 5/3 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1st 1907

I HEREBY CERTIFY, That I attended deceased from April 27 1907 to May 1 1907

that I last saw him alive on April 30 1907,

and that death occurred, on the date stated above, at 11 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Aortic insufficiency

(DURATION) — DAYS

Contributory (Primary.) Asthenia (DURATION) DAYS

(Signed) H. Wales M.D.

Address 1810 E. Fort Ave

Date May 2d 1907

Place of Burial Holy Cross R.C. Cem.

Date May 3d 1907

Undertaker Jos. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1411 Garrett Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julius A. Brown

{Residence, if in Baltimore, Give Street and Number.} 1411 Garrett Ave

Duration of Residence in Baltimore. 23 years

C.0727

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 9 1857
AGE	49 years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	August Brown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Wilemena (?)
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Brown.

(Address) 1411 Garrett Ave

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 30 April 1907

I HEREBY CERTIFY, That I attended deceased from 21 Feb 1907 to 30th April 1907 that I last saw h[im] alive on 30 Apr 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuritis Empyema

2 months (DURATION) DAYS

Contributory (Primary) Exhaustion & Anemia

(DURATION) 2 mos ~~DAYS~~

(Signed) James Cooper M.D.

Address 1322 Hull St

Date 1 May 1907

Place of Burial Cedar Hill

Date May 3 1907

Undertaker Jos. Stumpfbeck

Address 818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0728

City of Baltimore, (No. 2405, Etting St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Preston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Thomas Preston

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E Jones

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Preston

(Address) 2405 Etting St

Filed 5/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1st 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 20 1907 to April 30 1907

that I last saw him alive on Apr 30 1907,

and that death occurred, on the date stated above, at 4.45 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory Malnutrition

(DURATION) 6 Months DAYS

(Signed) W. Grant Scott M. D.

May 1st 1907 (Address) 50 #354 N. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: May 3 1907

UNDERTAKER: Alex Hemsley | ADDRESS: 5780 Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barney Bemberry

{ Residence, if in Baltimore, Give Street and Number. } 570 Union st

Duration of Residence in Baltimore. 4 yrs.

C 0729

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH ..... 1.....

AGE 22 years, ... months, ... day

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) N.C.

FULL NAME OF FATHER Perry Bemberra

BIRTHPLACE OF FATHER (State or country) N C

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Bemberry

(Address) 570 Union St

Filed 5/2 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 190 7

I HEREBY CERTIFY, That I attended deceased from Apr. 29 190 7 to May 2 190 7

that I last saw h.. alive on May 2 190 7

and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate

Tofumea -

(DURATION) ..... DAYS

Contributory (Primary.) Typhoid fever

(DURATION) ..... DAYS

(Signed) W. A. Sorey M.D.

Address City Hospital

Date May 2 7 190

Place of Burial Mt Auburn

Date May 3 190 7

Undertaker Alex Stewart

Address 57 S Wolfe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 731 Bradley St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mrs. of D.C. Carlin & Edith Carlin

{Residence, if in Baltimore, Give Street and Number.} 731 Bradley St

C.07230

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Dec. 1 st 1906	
AGE: — years, 5 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balt	
FULL NAME OF FATHER: D. C. Carlin	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Edith Hall	
BIRTHPLACE OF MOTHER (State or country): Balt	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. C. Carlin

(Address) 731 Bradley St,

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Expire May 1 st 1907

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

.....

.....

.....

about 1 hr duration (DURATION) ..... DAYS

Con'tributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) Atlas Baltimore M.D.

Address 700 Lafayette Ave

Date May 1 st 1907

Place of Burial Laurel

Date May 3 rd 1907

Undertaker Wm J G Jackson

Address 421 Mosher Lin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 6151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2023 Oliver St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Elizabeth Ulrich

{Residence, if in Baltimore, Give Street and Number.} 2023 Oliver St.

Duration of Residence in Baltimore. Life

0.0721

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 17 1857

AGE 50 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Christian Price

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Barbara Rundagel

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. Ulrich.

(Address) 2023 E. Oliver St.

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to April 30 1907

that I last saw her alive on Apr 29 1907,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

(Organic Heart Disease (Mitral Stenosis + Aortic Dis)

(DURATION) 4 mos DAYS

Con'tributory (Primary.) Dyspnoea

(DURATION) DAYS

(Signed) August Horn M.D.

Address 25th & St Paul sts

Date May 3rd 1907

Place of Burial St. Mathews Cem

Date May 3rd 1907

Undertaker H. Lauder & Son

Address 1310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 0732

City of Baltimore, (No. 1905 W. Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johanna Strochlein

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: May (Month) 5 (Day) 1829 (Year)

AGE: 78 years, 11 months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baden Germany

FULL NAME OF FATHER: Weiss

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ? ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Felsdlauer

(Address) 1905 W Pratt St.

Filed 5/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to May 1st 1907 that I last saw h.. alive on April 30 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Dr John Vassalli M. D.

May 1st 1907 (Address) 649 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 4 1907
UNDERTAKER	**ADDRESS**
Mrs Geo. P. Paulus	201 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

full name, sex, age, condition (whether married or single) of the person

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0733

City of Baltimore, (No. 5-65 Lauren St; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: May (Month) (Day) 1852 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ger Germany

FULL NAME OF FATHER: Isadore May.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dora May.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ...

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon M Harris

(Address) 56 S. Fremont.

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 4/28 1907 to 5/1 1907 that I last saw h alive on 5/1 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

Several yrs (DURATION) 4 DAYS

Contributory Acute Cardiac dilatation (DURATION) ... DAYS

(Signed) A. J. Barrett M. D.

5/1 1907 (Address) 1631 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Fells Point Hebrew — DATE OF BURIAL: 5/3 1907

UNDERTAKER: J. Abrecus — ADDRESS: 754 N. Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1157 Pinckney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mamie W Taylor

{Residence, if in Baltimore, Give Street and Number.} 1157 Pinckney st

Duration of Residence in Baltimore. Life

00034

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 1, 1907

AGE: — years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Taylor

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anne Lemar

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Taylor

(Address) 1157 Pinckney st

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to May 1 1907 that I last saw h.. alive on May 1 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonalis

6 weeks (DURATION) ..... DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Jos. E. Hirsh M.D.

Address 855 Columbia Ave

Date May 2 1907

Place of Burial Mt Olivet Cemetery

Date May 3 1907

Undertaker W. P. Lockner & Sons

Address Camden & Poca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 N. Collington Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Leonhardt

{Residence, if in Baltimore, Give Street and Number.} 719 N Collington ave

Duration of Residence in Baltimore. 56 yrs

C.07735

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 28 1818

AGE: 88 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Leonhardt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Adam

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carriage painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar F Leonhardt (son)

(Address) 719 N Collington Ave.

Filed 5/3/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1 1907

I HEREBY CERTIFY, That I attended deceased from April 23 1907 to May 1 1907

that I last saw him alive on May 1 1907,

and that death occurred, on the date stated above, at 4

P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the heart & kidneys

(DURATION) DAYS

Contributory (Primary.) General debility

(DURATION) DAYS

(Signed) Otto Leinhardt M.D.

Address 1017 E Lanvale St

Date May 2 1907

Place of Burial St. Paul's Cem.

Date May 3 1907

Undertaker Wendell Disbrow & Son

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1218 Cornell St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Edgar. M. Galloway

{Residence, if in Baltimore, Give Street and Number.} 1218 Cornell St

Duration of Residence in Baltimore. life time

C.D.726

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: December 6 1903	
AGE: 3 years, 5 months, c days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: c	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: James. W. Galloway	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Annie. R. Gorhn	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: c	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Galloway.

(Address) 1135 N. Gross St.

Filed 5/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: May 2 1907	

I HEREBY CERTIFY, That I attended deceased from April 27" 1907 to May 2 1907 that I last saw him alive on May 2 1907, and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B. L. Phillips M.D.

Address 1929 Madison Ave

Date May 3rd 1907

Place of Burial Loudon Park Cem

Date May 3 1907

Undertaker Jos. Loerdans. Son

Address 217 S. Pace

4 P.M.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0737

1142

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isabelle S. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1612 St. Paul St.

C.0737

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Apr. 3. 1849.

AGE: 57 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Geo. St. Bandel.

BIRTHPLACE OF FATHER (State or country): City.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): City (?)

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. S. J. Bradley.

(Address) 1612 St Paul St

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3 1907.

I HEREBY CERTIFY, That I attended deceased from Apr. 8 1907 to May 3 1907

that I last saw h[illegible] alive on May 2 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

acute Nephritis

Uremia

(DURATION) 25 DAYS

Contributory (Primary.) Heart Failure

(DURATION) (?) DAYS

(Signed) John St. Sandusky M.D.

Address Md. General Hosp.

Date May. 3 1907.

Place of Burial Mount Calvary

Date May. 8-th 1907

Undertaker G. F. Walker

Address 720 W. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1504 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Sluzewski

{Residence, if in Baltimore, Give Street and Number.} 1504 Bank st

Duration of Residence in Baltimore. 8 years

C.of D.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 24th 1856
AGE	50 years, 10 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Poland
FULL NAME OF FATHER	Dont know
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Paulina Krinkiewicz
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sluzewski

(Address) 1504 Bank

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2nd 1907

I HEREBY CERTIFY, That I attended deceased from April 25th 1907 to May 2nd 1907 that I last saw h[im] alive on May 1st 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) 8 DAYS

(Signed) J. L. Winner M.D.

Address 1735 Bank st

Date May 2nd 1907

Place of Burial Holy Rosary.

Date May 4th 1907

Undertaker M. F. Dudowski.

Address 903 S. Ann St

WM. J. C. DULANY CO., ENGRAVERS.

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 S. Regester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ceslaw Czeslewicz

{ Residence, if in Baltimore, Give Street and Number. } 519 S. Regester St.

Duration of Residence in Baltimore. Since birth.

C.0039

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W White

DATE OF BIRTH: 1

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Casmir Czeslewicz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Supert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Casmir Czeslewicz.

(Address) 519 S. Regester St

Filed 5/3 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 2 1907.

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to March 22 1907

that I last saw him alive on March 22 1907,

and that death occurred, on the date stated above, at 1.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions -

(Saw the child at various times for attacks of convulsions since child was a couple of months old. Was not called for this attack.)

(DURATION) 2 hours ~~DAYS~~

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. C. Josephson M.D.

Address 230 S. Bond St

Date May 2 1907.

Place of Burial St Stanislaus.

Date May 3" 1907

Undertaker M. F. Sadowski.

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1937 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude P. Giller

{ Residence, if in Baltimore, Give Street and Number. } 1937 E. Biddle St.

Duration of Residence in Baltimore. 55 years

C.D.T.&D.

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH June 19th 1823

AGE 83 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Anton Rhode

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Christina Giller

(Address) 1937 E. Biddle St.

Filed 5/3 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to May 1 1907

that I last saw h[illegible] alive on May 1 1907 at 6 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Senility

had been bed fedden for months (DURATION) DAYS

Contributory (Primary) Non assimilation (DURATION) DAYS

and Extreme debility

(Signed) M. J. Timins M.D.

Address 1025 N Wolfe St.

Date May 2nd 1907

Place of Burial Holy Redeemer Cemetery

Date May 4th 1907

Undertaker Henry Hoeckstein

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. BC 0741

City of Baltimore, (No. 816 China St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Smothers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Harry Smothers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Henrietta Smothers

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Shoemaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Smothers

(Address) 816 China Street

Filed 5/3/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 — 1 — 1907 (Month) 5 — 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 8 — 13 — 1906 to 4 — 28 — 1907 that I last saw him alive on 4 — 28 — 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Ed Heart Troubles (DURATION) 90 DAYS

Contributory Senile Atrophy

Continued (DURATION) 9 0 DAYS

(Signed) L. D. DuFour M. D.

5 — 1 — 1907 (Address) 1113 Argyle Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: National Cemetery

DATE OF BURIAL: 5/3 1907

UNDERTAKER: John H. Toadvine

ADDRESS: 142 W. Fillmore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0742

City of Baltimore, (No. 116 His Guilt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip L. Michaelson

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 33 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Benjaymon Michaelson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Schneider

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Michaelson

(Address) 116 Gisquith st

Filed 5/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 5/2 1907 to 5/3 1907

that I last saw h[illegible] alive on 5/3 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

T. B. of Bladder

For some years

(DURATION) ..... DAYS

Contributory T. B. Meningitis.

(DURATION) 5 DAYS

(Signed) S. C. Katzoff M. D.

5/3 1907 (Address) 914 Fregunt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Kelmo Philip Rd Rosedale

DATE OF BURIAL: May 3, 1907

UNDERTAKER: May Levinson

ADDRESS: 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1918 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Olevia Kuhn

{Residence, if in Baltimore, Give Street and Number.} 1918 E Biddle st

Duration of Residence in Baltimore. Past 32 Years

C.D. 7413

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): U.S.

FULL NAME OF FATHER: Joseph E. Ballinger

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert K. Kuhn

(Address) 1918 E. Biddle st

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: MAY 1 1907 190...

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to May 1 1907

that I last saw her alive on May 1 1907,

and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) ... DAYS

Contributory (Primary) Diabetes Mel. (DURATION) ... DAYS

(Signed) W. R. Riley M.D.

Address 1635 Bway

Date MAY 2 1907 190...

Place of Burial Mt. Carmel Cem.

Date MAY 5 1907 190...

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1723 E Lafayette St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John D. Coyne

{Residence, if in Baltimore, Give Street and Number.} 1723 E Lafayette

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Mar 8 1869

AGE 48 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER John Coyne

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann. Quigley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Coyne

(Address) 1723 E Lafayette Ave

Filed 5/3 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Carruthers M.D.

Address Coroners Office

Date May 1 — 07 1907

Place of Burial Holy Cross

Date May 4 1907

Undertaker Robt F Turnbull

Address Bdway & Oliver St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0745

City of Baltimore, (No. 2729 Huntingdon Ave., 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nicholas R Dorsey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 14 (Day) 1828 (Year)

AGE: 79 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James S. Dorsey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Marcellina Adams

BIRTHPLACE OF MOTHER (State or country): S. Carolina

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas R. Dorsey

(Address) 1400 Eutaw Place

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 24th 1907 to May 1st 1907 that I last saw him alive on May 1st 1907, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

"Acute Bronchitis"

(DURATION) 8 DAYS

Contributory ~~~~

(DURATION) ~~~~ DAYS

(Signed) Fred H. Baines M. D.

May 3rd 1907 (Address) 21 W 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: May 4 1907

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

74K

(Place of Death.) No. 700 Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Laura S. Winstead

{Residence, if in Baltimore, Give Street and Number.} 700 Hanover St.

Duration of Residence in Baltimore. 18 yrs.

C.0746

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 1 1865

AGE: 42 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Albert W. Garner

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emeline Jones

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Frank Winstead

(Address) 700 Hanover St

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 7 1907 that I last saw her alive on May 7 1907, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Edward Smith M.D.

Address 538 Hanover St

Date May 8 1907

Place of Burial Loudon Park

Date May 5 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1708 W Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edith May Hahn

{Residence, if in Baltimore, Give Street and Number.} 1708 N. Montford Ave

Duration of Residence in Baltimore. 3 years 8 mths 074

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: April 29 1904

AGE: 3 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Walter F.Hahn,

BIRTHPLACE OF FATHER (State or country): Baltimore City.

MAIDEN NAME OF MOTHER: Mary E.Darney,

BIRTHPLACE OF MOTHER (State or country): Balto.Co.Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter F.Hahn,

(Address) 1708 N.Montford Ave.

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to May 2 1907

that I last saw h.e alive on May 2 1907

and that death occurred, on the date stated above, at 11 AM. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 3 Weeks

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) E W Delahanty M.D.

Address 2250 E Hoffman St

Date Baltimore May 2 1907

Place of Burial Loudon Park

Date May 4 1907

Undertaker Geo W.Little,

Address 531 N.Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home and Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Templeton

{Residence, if in Baltimore, Give Street and Number.} 906 Harlem Ave

Duration of Residence in Baltimore. 51 Years

0.0748

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 14 1855

AGE 51 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single,

BIRTHPLACE (State or country) Baltimore City,

FULL NAME OF FATHER James Templeton,

BIRTHPLACE OF FATHER (State or country) Ireland,

MAIDEN NAME OF MOTHER Mary R. Burns,

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Merchant,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Templeton,

(Address) 906 Harlem Ave.

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1907

I HEREBY CERTIFY, That I attended deceased from Apr 22 1907 to May 2 1907

that I last saw h[illegible] alive on May 1 1907,

and that death occurred, on the date stated above, at 4.37 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Hip

Operation Apr 23-07

9 (DURATION) DAYS

Contributory (Primary.)

Genito Urinary (DURATION) 5 Years DAYS

(Signed) E. A. Hutchins M.D.

Address Church Home & Infirmary

Date May 2 1907

Place of Burial London Park.

Date May 4 1907 190

Undertaker Geo. W. Little,

Address 534 N. Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... C 0745 Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 660 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Salvatore Raimondi.

{ Residence, if in Baltimore, Give Street and Number. } 660 W Baltimore St.

Duration of Residence in Baltimore. Borne

C 0749

PERSONAL AND STATISTICAL PARTICULARS

SEX [redacted] | COLOR White

DATE OF BIRTH Dec 7th 1

AGE 21 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph Raimondi

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Angiola Macie

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Dimarco

(Address) 216 S Howard Ste

Filed 5/3/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2nd 1907

I HEREBY CERTIFY, That I attended deceased from March 26th 1907 to May 2nd 1907.

that I last saw him alive on May 2nd 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intracranial pressure

(DURATION) 2 DAYS

Contributory (Primary.) Syphilitic

Meningitis (DURATION) months DAYS

(Signed) S. Demarco M.D.

Address 160 S Linden Ave

Date May 3rd 1907

Place of Burial Bonnie Brae Cemetery

Date 5th May 1907

Undertaker Robert E Turner

Address Broadway and River

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0750

City of Baltimore, (No. 1106, W. Lafayette Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Margaret Tyson Bowman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 23rd (Day) 1829 (Year)

AGE: 77 years, 11 months, 10 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John P Bowman

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary A. Edmonston

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N J Tongue

(Address) 1106 W Lafayette ave

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 24th 1907 to May 2nd 1907 that I last saw h.e.d alive on May 2nd 1907 and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Lobular Pneumonia

Acute (DURATION) 6 DAYS

Contributory Weak heart (DURATION) DAYS

(Signed) Edward C. Tongue M. D.

May 2 1907 (Address) 1011 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mt Cemetery

DATE OF BURIAL: May 6th 1907

UNDERTAKER: Stewart Mowrey & Co

ADDRESS: 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Howell Gibson

{Residence, if in Baltimore, Give Street and Number.}

C0751

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 40 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Madison Co.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Lemar Holyday, Supt.

(Address BAY VIEW ASYLUM.

Filed 5/3/07 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to May 3 1907

that I last saw him alive on May 3 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Vonnix M.D.

Address Bay View Asylum

Date May 3 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 3 1907 190

Undertaker Wm A Hooden

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

129

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 0752

CERTIFICATE OF DEATH.

(Place of Death.) No. 555 Oxford

St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Richard H. Hussey

{ Residence, if in Baltimore, Give Street and Number. } 555 Oxford st

Duration of Residence in Baltimore. Life

C 0752

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Mulatto

DATE OF BIRTH Feb 20 1907

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 555 Oxford St.

FULL NAME OF FATHER Richard H. Hussey

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Alberta Myers

BIRTHPLACE OF MOTHER (State or country) Howard Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Braxton

(Address) 555 Oxford St.

Filed 5/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 — 2 1907

I HEREBY CERTIFY, That I attended deceased from 4-25 1907 to 5-2 1907

that I last saw h... alive on 5-1 1907,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Marasmus

(DURATION) 30 DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 5 — 2 — 1907

Place of Burial Laurel Cemetery

Date May 4 1907

Undertaker P. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Donnelly at — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Salisbury

{ Residence, if in Baltimore, Give Street and Number. } 805 Donnelly's at.

Duration of Residence in Baltimore.

C.D. 7558.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Roth

(Address) Cor Eddain & Front sts

Filed 5/3 1907

HARRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Case 190 to 190

that I last saw h — alive on — 190 —;

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N Caroline st

Date May 3 1907

Place of Burial Laurel

Date May 3 1907

Undertaker W. F. Elliott

Address 506 Myers st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0754

City of Baltimore, (No. 1616, Shakespeare St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Roztoukowska —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female.

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: About 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Galicia, Austria

FULL NAME OF FATHER: Not. Known

BIRTHPLACE OF FATHER (State or country): Galicia. Austria

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Galicia Austria

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 1616 Shakespeare

Filed May 4th 1907 — PERMIT ISSUED — Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May — 2 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 28 1907 to — April 28 1907 that I last saw h— alive on " " 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage —

(DURATION) 5 DAYS

Contributory Coma —

(DURATION) 5 DAYS

(Signed) Max A Brunk M. D.

May 3 1907 (Address) 1713 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Stanislaus — DATE OF BURIAL: May 4 1907

UNDERTAKER: Jacob Frankowski ADDRESS: 428 S. Broad St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 932 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Hall

{Residence, if in Baltimore, Give Street and Number.} 932 Woodyear St

Duration of Residence in Baltimore. 10 yrs.

C. 0733

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: John Shaw

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Mary E Mitchel

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 932 Woodyear St

Filed May 4th 1907

MARY C ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 2 1907

I HEREBY CERTIFY, That I attended deceased from April 27 1907 to May 2 1907 that I last saw her alive on May 1 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) ... DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date May 3 1907

Place of Burial Calvert Co Md

Date May 4 1907

Undertaker E A Schlicht

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 801 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth James

{Residence, if in Baltimore, Give Street and Number.} 801 Aisquith st

Duration of Residence in Baltimore. 12 Years

C 0756

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 3 1865

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo A. James

(Address) 801 Aisquith st

Filed May 4th 190 7 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 3 1907 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Suicide by Arsenic

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo A Carnelius M.D.

Address Coroner

Date MAY 3 1907 190

Place of Burial Loudon Park. Cem.

Date MAY 5 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

2239 E Baltimore St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0757

City of Baltimore, (No. 730 N. Central Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Tohastic

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: Febr. (Month) 4. (Day) 1873 (Year)

AGE: 34 years, 3 months, ~~one~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Philadelphia Pa.

FULL NAME OF FATHER: Anton Tohastic

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: machinemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Thome

(Address) 730 N. Central Ave.

Filed 5/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 4. 1907 to May 2nd. 1907

that I last saw h[illegible] alive on May 2nd. 1907 (9 P.M.) '45

and that death occurred, on the date stated above, at 1. A. M. The CAUSE OF DEATH was as follows:

I. Tuberculosis pulmonum

(DURATION) [illegible] DAYS

Contributory Exhaustion

(DURATION) 20 DAYS

(Signed) P. J. Pelak M. D.

May 3rd 1907 (Address) 1221 E. Fort Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: May 6 1907

UNDERTAKER: Henry Hoelscher — ADDRESS: 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 0758

City of Baltimore, (No. 520 W. 27th St.) Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Annie E. Speddeu

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar (Month) 28 (Day) 1862 (Year)

AGE: 45 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. city Md

FULL NAME OF FATHER: Albert S. Speddeu

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Elizabeth Wallert

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Speddeu

(Address) 520 W. 27th St.

Filed 5/4/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: may (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to may 3 1907 that I last saw h[er] alive on may 3 1907, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Rapid Phthisis

Sine Jan 2 07 (DURATION) DAYS

Contributory Heart failure (DURATION) DAYS

(Signed) Edwd Duhrex M. D.

May 4 1907 (Address) 1921 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: May 7th 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: 1000 N. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS. C 0759

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0759

City of Baltimore, (No. 105 N. Hughes St.; 27 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles H. Maker.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR colored.

DATE OF BIRTH April 1 1880
(Month) (Day) (Year)

AGE 27 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Jos. Maker.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Baldwin M.D.

(Address) 603 S. Shaff St.

Filed 5/4 1907

[illegible] ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 26 1907, to May 3 1907, that I last saw h[illegible] alive on May 3 1907, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Organic Heart Disease (DURATION) DAYS

Contributory [illegible] (DURATION) DAYS

(Signed) C. Baldwin M. D.

May 4 1907 (Address) 603 S. Shaff St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Grant's Auburn | DATE OF BURIAL May 5th 1907

UNDERTAKER D. L. Braun & Son | ADDRESS 410 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Brown Cole

{Residence, if in Baltimore, Give Street and Number.} 2015 Druid Hill Ave

C.D.760

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Color-ed

DATE OF BIRTH: ... 1 ...

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Carrie Bradley

(Address) 1920 Division St -

Filed 5/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 2 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to May 2 1907 that I last saw him alive on May 2 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary TB. —

abscess of leg (DURATION) ... DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date 5/3/07 1907

Place of Burial Mount Auburn

Date May 5th 1907

Undertaker J. Le. Brun & Son

Address 1108 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Milton Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles L. Aro

{ Residence, if in Baltimore, Give Street and Number. } 1718 N Bethel

Duration of Residence in Baltimore. Life

C D 7761

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 14 1896

AGE 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Albert Aro

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Arnett

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Aro

(Address) 1718 N. Bethel

Filed 5/4/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9:1 M.

CAUSE OF DEATH (Secondary or Immediate)

Burns mangled by B & O engine

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Ramsey M.D.

Address Coroner Dept

Date May 4 — 07 190

Place of Burial Balto Cemetery

Date May 4th 190 7

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 0762

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 728, N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ralph Holbrook

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 14, 1885 (Month) (Day) (Year)

AGE: 21 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Edward H. Holbrook

BIRTHPLACE OF FATHER (State or country): Somerset Co. Md.

MAIDEN NAME OF MOTHER: Cornelia S. Gordon

BIRTHPLACE OF MOTHER (State or country): New Haven, Conn.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. H. Holbrook, M.D.

(Address) 728 N. Carey St.

Filed 5/4/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 15. 1907 to May 3, 1907

that I last saw him alive on May 3, 1907,

and that death occurred, on the date stated above, at 1.15 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

(DURATION) DAYS

Contributory Abscess of Lung

(DURATION) DAYS

(Signed) E. H. Holbrook, M. D.

May 3, 1907 (Address) 728 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem. | DATE OF BURIAL: May 190

UNDERTAKER: Chas. E. Spence | ADDRESS: 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

...s from Regulations of the Board of Health to secure a full and correct record of Vi...

...TION 2. *And be it further enacted and ordained*, That whenever any person shall d... ...sician who attended during his or her last sickness, or the Coroner, when the case c... ***four hours after death***, to the Undertaker, or other person superintending the burial, a c... ...ascertained, the full name, sex, age, condition (whether married or single) of the person d... ...deceased, and the cause and date of death.

of Vital Statistics in the City of Baltimore.

...shall die in the said city it shall be the duty of ...ase comes under his notice, to furnish within ...tial, a certificate setting forth, as far as the same

...ed, and the ***cause and date of death.***

...(whether married or single) of the person

CERTIFICATE OF DEATH.

(Place of Death.) No. 339 Rose St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Brown

{ Residence, if in Baltimore, Give Street and Number. } 339 Rose St.

Duration of Residence in Baltimore. Life

C 07637

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Afro-Am

DATE OF BIRTH: 1896 — 1

AGE: 10 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balt. City

FULL NAME OF FATHER: Henry Brown

BIRTHPLACE OF FATHER (State or country): Balt. City

MAIDEN NAME OF MOTHER: Alice Billingsley

BIRTHPLACE OF MOTHER (State or country): Calvert Co

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Brown

(Address) 339 Rose St

Filed 4/4/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5-2 1907.

I HEREBY CERTIFY, That I attended deceased from 4-1 1907 to 5-2 1907, that I last saw h[illegible] alive on 5-2 1907, and that death occurred, on the date stated above, at 9 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Spinal Meningitis

One month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave.

Date 5-3 1907

Place of Burial Laurel Cemetery

Date May 5th 1907

Undertaker William H. Higdon

Address 851 Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C 0764 Registered No. B

C 0764

95.

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 East Preston St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

C-0764 Full Name Mary S. White

{Residence, if in Baltimore, Give Street and Number.} 24 East Preston Street.

Duration of Residence in Baltimore. Nearly all her life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 17 March 1822

AGE 85 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Edward Green Williams

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Gilmor

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Pinkney White

(Address) 9. East Chase St.

Died 5/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24 1906 to May 2 1907 that I last saw h er alive on May 2 1907 and that death occurred, on the date stated above, at 7-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

Oedema of lungs

(DURATION) 2 DAYS

Contributory (Primary.) Oedema of lungs.

(DURATION) DAYS

(Signed) W D Atkinson M.D.

Address 921 N Chas St.

Date May 3. 1907

Place of Burial Greenmount Cem

Date May 4th 1907

Undertaker Henderson Bros Co

Address N W Cor Howard & Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0763

CERTIFICATE OF DEATH.

(Place of Death.) No. 729 E. Hoffman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary McManus

{Residence, if in Baltimore, Give Street and Number.} 729 E. Hoffman

C.0763

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 10 — 1879

AGE 28 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm McManus

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Arbuthnut

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Ile Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mother

(Address) 729 E. Hoffman St

Filed 5/4 1907 MARY O. ANDREWS, PERMIT CLERK. Registrar

Dr Geo D Reynolds

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3rd 1907

I HEREBY CERTIFY, That I attended deceased from about Feby 1st 1907 to May 3rd 1907

that I last saw h~~e~~r alive on about May 1st 1907

and that death occurred, on the date stated above, at about 7 A. ~~M~~. M. CAUSE OF DEATH (Secondary or Immediate.)

Et Fourtin

(DURATION) ..... DAYS

Con'tributory (Primary.) Phthisis Pulmonalis about

(DURATION) 420 DAYS

(Signed) Geo D Reynolds M.D.

Address 809 N. Charles St

Date May 4th 1907

Place of Burial Holy Cross

Date May 6 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1209 N Gilmor St, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T Haller

{Residence, if in Baltimore, Give Street and Number.} 1209 N. Gilmor St.

Duration of Residence in Baltimore. 42 Years C 0766

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 23 1836

AGE: 70 years, 7 months, 10 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Haller

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ann M. Selwick

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Frances V. Haller

(Address) 1209 N. Gilmor St

Filed 5/4 1907

HARRY C. ANDREAS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3rd 1907

I HEREBY CERTIFY, That I attended deceased from March 3rd 1907 to May 3rd 1907

that I last saw h in alive on May 3rd 1907,

and that death occurred, on the date stated above, at 7.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1/2 DAYS

Contributory (Primary.) Organic Heart Disease

(DURATION) 365 DAYS

(Signed) M. W. Snow M.D.

Address 1122 N Mount St

Date May 3rd 1907

Place of Burial Frederick City Md

Date May 6 1907

Undertaker Jos B Cook

Address 103 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 109 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Scilly

{ Residence, if in Baltimore, Give Street and Number. } 109 Chestnut st

C. 076

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH — — 1

AGE 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jim Scilly

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Scilly

(Address) 109 Chestnut st

Filed

May 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2d 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Taylor Coroner M.D.

Address 1216 N. Caroline St

Date May 3d 1907.

Place of Burial Laurel

Date May 4th 1907

Undertaker P. J. Elliott

Address 536 Argyle Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1311 May St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert J Cox

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C.2780

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 2 years, 3 months, —— days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John H Cox

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Margaret Campbell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clerk John H Cox

(Address) 1311 May St

Filed

May 4 1907 Registrar

E. Cw

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1907 to May 1907

that I last saw h alive on April 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

(DURATION) 90 DAYS.

Contributory (Primary.) Bronchopneumonia

(DURATION) 21 DAYS

(Signed) Harry M Weglarth M.D.

Address 1207 E Monument St

Date May 3 1907

Place of Burial Laurel

Date May 4 1907

Undertaker R P Elliott

Address 106 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sallie Finney

{Residence, if in Baltimore, Give Street and Number.} 2302 Etting St

Duration of Residence in Baltimore. 10 years

C.0787

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

Supt.

(Informant

(Address) BAY VIEW ASYLUM

Filed

May 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to May 3 1907

that I last saw her alive on May 3 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date May 3 1907

Place of Burial Cathedral Cemetery

Date May 6th 1907

Undertaker J. A. Brohawn

Address Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be
dnty of the Physician who attended
ice, to furnish within **eighteen hours**
ing forth, as far as the same can be a
eased, and the **cause and date of de**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 Bamford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George E. Kaiss

{ Residence, if in Baltimore, Give Street and Number. } 1635 Bamford Ave.

Duration of Residence in Baltimore. Life time

C0770

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Feb 23 1845

AGE 62 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John Kaiss

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lizzie Romar

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Wagon Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Mary Kaiss

(Address) 1635 Bamford ave

Filed

May 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1907 to May 2 1907

that I last saw h— alive on May 2 1907

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of stomach

Cachexia

1 year (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) John T. Avery M.D.

Address 1823 Broadway

Date May 2 1907

Place of Burial Mt. Carmel Cem

Date 5/5/07 190

Undertaker J. Henry & Son

Address 2008 Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Hohman

{ Residence, if in Baltimore, Give Street and Number. } 2049 E Monument St

C OR 71

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W
DATE OF BIRTH: June 1870	
AGE: 37 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John Bounsmith
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Kastler
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F Hohman

(Address) 824 N Broadway

Filed

March 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3. 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to May 3rd 1907

that I last saw h... alive on May 3 1907

and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or immediate)

Shock & Collapse -
Following, Gall Stones
Local Peritonitis (DURATION) DAYS

Contributory (Primary) Gall Stones
(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospitals

Date May 3 1907

Place of Burial Lorraine

Date May 6 1907

Undertaker Wm J. Schaeffer's Sons

Address 8 S. Front St.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 0772

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1388 West North ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Aaron Behrend

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: May 20 (Month) (Day) 1844 (Year)
AGE: 62 years, 11 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Germany
FULL NAME OF FATHER: Bernhard Behrend
BIRTHPLACE OF FATHER (State or country): Germany
MAIDEN NAME OF MOTHER: Theresa Gathelf
BIRTHPLACE OF MOTHER (State or country): Germany
OCCUPATION OF DECEASED: Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jannett Behrend
(Address) 1388 West North ave

Filed 6/4/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 3 1907 that I last saw him alive on May 2nd 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

Two years (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Ona Pallack M. D.
May 4 1907 (Address) 112 Nth Royal ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Fellowcrest — DATE OF BURIAL: 5/5 1907

UNDERTAKER: J Albrecht & Son — ADDRESS: 707 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Lunacy Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Battersby

{ Residence, if in Baltimore, Give Street and Number. } 1.1. Baltimore Beloit 1.1.

Duration of Residence in Baltimore. since 2/9 07 C.0773

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	26 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Breeds Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos B. Cook

(Address) 1003 W Balto St

Filed 5/4/ 1907 W. D. C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1907

I HEREBY CERTIFY, That I attended deceased from 2/9 1907 to 5/4 1907

that I last saw h-- alive on 5/4 1907,

and that death occurred, on the date stated above, at 1

G. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuber-

culosis (DURATION) DAYS

(Signed) Certus M. Shipley M.D.

Address Lunacy Hospital

Date 5/4 1907

Place of Burial St Peters Cem

Date May 4 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 0774

154

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1714 Bolton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Priscilla A. Welch

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: colt

DATE OF BIRTH: Sept. (Month) 16 (Day) 1818 (Year)

AGE: 88 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Jacob Ayres

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Sedonia Seelman

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John R Bland

(Address) Catonsville, Md

Filed 5/4/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 20 1907 to May 4 1907 that I last saw her alive on May 3 1907, and that death occurred, on the date stated above, at 1230 A. M. The CAUSE OF DEATH was as follows:

Old age

two years (DURATION) DAYS

Contributory o

o (DURATION) o DAYS

(Signed) G. Lane Tanyhill M. D.

May 4 1907 (Address) 1103 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: May 6 1907

UNDERTAKER: H. W. Means & Son — ADDRESS: 505 W. Calvert

WM. J. C. DULANY CO., BALTIMORE.

✓ Permission to remove to 505 W. Calvert St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 731 Reservoir St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine W. C. Shaw

{Residence, if in Baltimore, Give Street and Number.} 731 Reservoir St.

Duration of Residence in Baltimore. Life time

C. 07773

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Nov. 1, 1832

AGE: 74 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto, Md.

FULL NAME OF FATHER: Samuel W. Shaw

BIRTHPLACE OF FATHER (State or country): Anapolis, Md.

MAIDEN NAME OF MOTHER: Jane Jennie

BIRTHPLACE OF MOTHER (State or country): Phila, Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wilson

(Address) 731 Reservoir St.

Filed 5/14/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3rd 1907 (Jan 2nd 1907)

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1907 to May 3rd 1907 that I last saw h[illegible] alive on 11 2nd 1907, and that death occurred, on the date stated above, at 11[illegible]

I. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Abram Sherfey M.D.

Address 25 W. Preston St.

Date Balto, May, 3rd 1907

Place of Burial Greenmount Cemetery

Date May 5, 1907

Undertaker W. W. Means 2nd Son

Address 505 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 07767

CERTIFICATE OF DEATH.

(Place of Death.) No. 1751 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of ~~Mrs.~~ Mrs. Wm. F. Eckhardt

{Residence, if in Baltimore, Give Street and Number.} 1751 Hanover St.

Duration of Residence in Baltimore Life

C.07767

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 2 1907

AGE: 36 hours
(years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. F. Eckhardt

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Fredricka [redacted]

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Eckhardt

(Address) 1751 Hanover St.

Filed 5/5 1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1907

I HEREBY CERTIFY, That I attended deceased from May 3 1907 to May 4 1907 that I last saw h[illegible] alive on May 4 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia 36 hours

(DURATION) —— DAYS

Contributory (Primary.) Premature Birth

(DURATION) —— DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date May 4 " 1907

Place of Burial Western

Date May 5th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 0777

Ward 17 C 0777 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 E Twenty fifth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Stewart

{Residence, if in Baltimore, Give Street and Number.} 213 E Twenty fifth st C.0777

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 13th 1840

AGE: 66 years, 7 months, 21 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Stewart

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliza McEntire

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Walter H Stewart

(Address) 213 E Twenty fifth st

Filed 5/5 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Apr 13th 1907 to May 2nd 1907

that I last saw h[illegible] alive on May 2nd 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Immediate cause "Congestion of lungs" also heart trouble, a "Mitral Stenosis"

(DURATION) 19 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. H. Cairnes M.D.

Address 21 W 25th St

Date May 3rd 1907

Place of Burial Lorraine Cemetery

Date May 6th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 0778

City of Baltimore, (No. 508, Hoffman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lorettine Erata Cornish

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: March (Month) 30 (Day) 1906 (Year)

AGE: 1 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City-

FULL NAME OF FATHER: Charles Augustus Cornish

BIRTHPLACE OF FATHER (State or country): Baltimore City-

MAIDEN NAME OF MOTHER: Mary Della Wayne

BIRTHPLACE OF MOTHER (State or country): Baltimore City-

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Della Cornish (Mother)

(Address) 508 N. Hoffman St.

Filed 5/5 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to 190

that I last saw h e alive on May 1 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

about 4 days

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) M. A. Waters M. D.

May 4 1907 (Address) 1711 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: May 5 1907

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **forty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1206 Hartford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert P. Scott

{Residence, if in Baltimore, Give Street and Number.} 1206. Hartford Ave

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 10" 1886

AGE 21 years, 2 months, 21 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER James G. Scott.

BIRTHPLACE OF FATHER (State or country) Philadelphia

MAIDEN NAME OF MOTHER Katie Lowrey

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED Expressman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Katie Scott.

(Address) 1206 Hartford Ave

Filed 5/5 1907

HARRY G. ARNOLD M.D. HEALTH COMMISSIONER Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to May 4 1907

that I last saw him alive on May 3 1907

and that death occurred, on the date stated above, at 7 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

nephritis

and dropsy

general worker (DURATION) DAYS

Con'tributory (Primary.) Grip

3 weeks (DURATION) DAYS

(Signed) E C Bubert M.D.

Address 1921 Edmondson Ave

Date 190

Place of Burial Louden Park

Date May 5" 1907

Undertaker Geo. W. Sink

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 Fell Rutajczak St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Rutajczak

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 36 Years

C.O.D.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 17 1840

AGE: 66 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Rutajczak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mrs Kinsky

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Nowak

(Address) 809 S. Ann St

Filed

May 1907 HENRY O. ANDERSON Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to May 2d 1907 that I last saw h[illegible] alive on May 2d 1907, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 30 DAYS

Contributory (Primary.) Pneumonia

Anemia (DURATION) 10 DAYS

(Signed) S. J. Szwedowski M.D.

Address 722 S Ann St

Date May 4th 1907

Place of Burial St Stanislaus.

Date Monday May 6th 1907

Undertaker M. F. Padowski

Address 703 S. Ann St

WM. J. C. DUBANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Kelly

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C.0781

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5 1907

PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to May 4 1907 that I last saw h-- alive on May 4 1907, and that death occurred, on the date stated above, at 8:10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

Senility.

(DURATION) DAYS

Con'tributory (Primary) Carcinoma of Oesophagus (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 4 1907

Place of Burial Sacred Heart.

Date May 5 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

C 0782

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Winfield

{ Residence, if in Baltimore, Give Street and Number. } U.S. Marine Hospital

Duration of Residence in Baltimore. 17 days

C.0782

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U.S. Marine Hospital

Filed 5/5 1907. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4, 1907

I HEREBY CERTIFY, That I attended deceased from April 17 1907 to May 4 1907 that I last saw he alive on May 4 1907, and that death occurred, on the date stated above, at 11.45 a.m.

I. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Cortaris - sclerosis renal regurgitation (DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U.S. Marine Hospital

Date May 5th. 1907

Place of Burial Laurel Cemetery

Date May 5 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

HARRY C. ARMS
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 0733

City of Baltimore, (No. 1746 Eastern ave St.; 2 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Steinmetz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 7 (Month) (Day) 1860 (Year)

AGE: 47 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John De Fraw

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Lickel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Steinmetz

(Address) 1746 Eastern Ave

Filed 5/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 25 1907 to May 2 1907 that I last saw h[e]r alive on May 2 1907, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Cancer of Uterus (DURATION) DAYS

Contributory asthenia (DURATION) 15 DAYS

(Signed) J Walter Thomas M. D.

May 3 1907 (Address) 1111 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: First Ger Ev Lut Cemet | DATE OF BURIAL: May 6th 1907

UNDERTAKER: L. Ritz, Jr 2336 E | ADDRESS: Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0784

Registered No. B

City of Baltimore, (No. 310, W. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Keher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: September (Month) (Day) 1874 (Year)

AGE: 32 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Patrick Kenny

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Burns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Saloonkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Boffay

(Address) 41 W Baltimore

Filed 5/5 1907 Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 29th 1907 to May 2nd 1907 that I last saw h e alive on May 2 1907, and that death occurred, on the date stated above, at 6a P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory Alcoholic intoxication

two weeks (DURATION) DAYS

(Signed) Chas J Keelan M. D.

May 3rd 1907 (Address) 222 W Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: May 6th 1907

UNDERTAKER: M Fahey & Son

ADDRESS: 616 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. St. Joseph Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Titus Walcott

{ Residence, if in Baltimore, Give Street and Number. } Pimlico (10 days)

C.0726

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Color
DATE OF BIRTH: Unknown	
AGE: 24 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Unknown	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Jockey	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Johnson

(Address) New York

Filed 5/5 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3rd 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to April 3 1907

that I last saw h alive on April 3 1907,

and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) DAYS

(Signed) Edgar L Jonson M.D.

Address St Joseph Hospital

Date April 4 1907

Place of Burial St Peters Cem

Date May 6th 1907

Undertaker E H Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

116

(Place of Death.) No. 1250 Sargeant St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ira Smith

{Residence, if in Baltimore, Give Street and Number.} 1250 Sargeant St

C.0786

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 6 1907
AGE	— years, — months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Ira Smith
BIRTHPLACE OF FATHER (State or country)	Pittsburg Pa
MAIDEN NAME OF MOTHER	Sarah Swaner
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira Smith

(Address) 1250 Sargeant St.

Filed 5/5/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1907

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to May 13 1907

that I last saw him alive on May 13 1907,

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

Must have been infected through umbilical cord

3 weeks (DURATION) ... DAYS

Contributory (Primary.) Toxemia

(DURATION) 3 DAYS

(Signed) Joseph E. Muse M.D.

Address 855 Columbia Ave

Date May 4 — 1907

Place of Burial Fork M.E. Burial Grounds

Date May 5. 1907

Undertaker J. B. Cook

Address 1003 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

(Place of Death.) No. 825 McDonough st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 64

Full Name Alex. Powell

{ Residence, if in Baltimore, Give Street and Number. } 825 McDonough st

Duration of Residence in Baltimore. 7 yrs C.0787

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Powell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lucy Powell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/5 1907

HARRY D. ABRAMS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 4 1907 that I last saw him alive on May 4 1907 and that death occurred, on the date stated above, at 4.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy caused by Brain

(DURATION) 3 DAYS

Contributory (Primary.) Heart

(DURATION) 3 DAYS

(Signed) Dr Lyon Bernard M.D.

Address 708 E. Eager St

Date May 4 1907

Place of Burial Quaker Bottom, Balt. Co. Sparks Station

Date May 6 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

Ward 4 C 0788 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 2523 Fair Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Swanson

{Residence, if in Baltimore, Give Street and Number.} 2523 Fair Ave

Duration of Residence in Baltimore. 42 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 19 1837

AGE 69 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Sweden

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Swanson

(Address) 2523 Fair Ave.

Filed 5/5/1907 S.L.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to May 2 1907

that I last saw h alive on " 2 1907,

and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

6 mos. (DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) Charles Green M.D.

Address 619 S Patterson Park Ave

Date May 4 1907

Place of Burial Mt. Olivet Cem.

Date May 5th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 0789

152

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 2553, Madison Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Hirschberger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 5th (Day) 1907 (Year)

AGE: ___ years, ___ months, 4 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ___

BIRTHPLACE (State or country): Baltimore, Maryland

FULL NAME OF FATHER: Philip Hirschberger Jr

BIRTHPLACE OF FATHER (State or country): Baltimore, Maryland

MAIDEN NAME OF MOTHER: Orlla Ilse Herzog

BIRTHPLACE OF MOTHER (State or country): Allegheny Penna

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo W Dobbin

(Address) 516 N Bradford St

Filed 5-5-1907 S.L.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 5th 1907 to May 5th 1907 that I last saw h-er alive on May 5th 1907, and that death occurred, on the date stated above, at 7:30 A. M. The CAUSE OF DEATH was as follows:

Asphyxia Neonatorum

(DURATION) 4½ DAYS

Contributory Difficult Labor

(DURATION) ___ DAYS

(Signed) Geo W Dobbin M. D.

May 5th 1907 (Address) 516 N Bradford St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ___ How long at Place of Death? ___ Days

Where was disease contracted, if not at place of death? ___

PLACE OF BURIAL OR REMOVAL: Wells Court

DATE OF BURIAL: 5/8 1907

UNDERTAKER: J Ahrens Co

ADDRESS: 704 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 1007 E Lombard St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Josephine Dimarco

{Residence, if in Baltimore, Give Street and Number.} 1007 E. Lombard St.

Duration of Residence in Baltimore. from birth

C.0790

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: April 20th 1907

AGE: ___ years, ___ months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): [illegible]

FULL NAME OF FATHER: Martin Dimarco

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Vincenzina

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Dimarco

(Address) 1007 E Lombard St

Filed 5/5/1907 S. L. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 20 1907 to May 3rd 1907

that I last saw h[illegible] alive on the 3rd 1907

and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ... DAYS

Con'tributory (Primary.) Premature birth

(DURATION) ... DAYS

(Signed) M. M. Savage, M.D.

Address 1121 E. Baltimore

Date May 5th 1907

Place of Burial St. Vincents Cem.

Date May 7th 1907

Undertaker John A. Daiger

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0791

City of Baltimore, (No. 33 Ave Clipper Woodbery St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Scherer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 19 (Month) 1884 (Day) (Year)

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Scherer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizebeth Nagel

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knell

(Address) 917 Columbia Av

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to May 4th 1907

that I last saw him alive on May 2 1907,

and that death occurred, on the date stated above, at 3. a. m. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Dr Smith M. D.

190 (Address) 206 E Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: May 7 1907

UNDERTAKER: A Knell & Son — ADDRESS: 807 Columbia

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 East St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Mitchell

{Residence, if in Baltimore, Give Street and Number.} 308 East st

Duration of Residence in Baltimore. life

C.0792

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry Mitchell

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Mitchell

(Address) 308 East-St-

Filed 5/6 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190— to 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) — DAYS

Contributory (Primary.) Duration

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.
Coroner

Address 1216 N. Caroline st

Date May 4, 1907

Place of Burial Laurel

Date May 6th 1907

Undertaker R. A. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the person eased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 Cyder Al St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charlotte G. Demmind

{Residence, if in Baltimore, Give Street and Number.} 720 Cyder Al

Duration of Residence in Baltimore. Life C.0793

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Md Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H Demmind

BIRTHPLACE OF FATHER (State or country): St Marys Co

MAIDEN NAME OF MOTHER: Sarah J West

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie West

(Address) 618 Pearce St

Filed 5/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Date 190..

that I last saw her alive on May 3rd 1907

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

probably ..... (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) C. L. Muckley M.D.

Address 502 S. Paca St

Date May 4th 1907

Place of Burial Mt Auburn Cemetery

Date May 7 1907

Undertaker R. A. St Aubin

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 619 N. Dallas. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Washington

{Residence, if in Baltimore, Give Street and Number.} 629 N. Dallas St.

Duration of Residence in Baltimore. 20 years. C.0744

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Washington

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Clever Bonds

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Nellie Washington

(Address) 629 N. Dallas St.

Filed 5/6/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4th 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 4 1907 that I last saw him alive on May 4 1907, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

was called when disease was far advanced.

(DURATION) — DAYS

Contributory (Primary.) Cold

(DURATION) — DAYS

(Signed) J. E. Hand M.D.

Address 202 Aisquith St

Date May 5 1907

Place of Burial Laurel

Date May 7 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 827 Columbian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha a M Stanley

{Residence, if in Baltimore, Give Street and Number.} 827 Columbian

Duration of Residence in Baltimore. 46 Years C.0795

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 1st 1837

AGE 70 years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Samuel

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Stanley

(Address) 827 Columbian

Filed 5/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3rd 1907

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to May 3rd 1907

that I last saw her alive on May 3rd 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Collapse

(DURATION) 2 DAYS

Con'tributory (Primary.) Cancer of the liver (DURATION) 4 months

(Signed) E B Freeman M.D.

Address 668 Columbia ave

Date 5/6 1907

Place of Burial Western Cemetery.

Date May — 1907

Undertaker Wm J Jackson & Son

Address Camden near Arch St

WM. J. C. DULANY CO., BALTIMORE.

Dr. Freeman.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Annie Marshall

{Residence, if in Baltimore, Give Street and Number.} 1313 N. Calhoun St

Duration of Residence in Baltimore. Life

C. 01796

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 19th 1907

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wagie Holmes

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: ~~Unknown~~ Annie Marshall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Marshall

(Address) 1313 N. Calhoun St.

Filed 5/6/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral sinus

Five days (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Dean Balcomin M.D.

Address Two Laf. ave. (Corner)

Date May 5th 1907

Place of Burial Laurel Cem

Date May 6th 1907

Undertaker Sam'l H. Chase & Son

Address 511 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 543 Elbow Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Gross

{ Residence, if in Baltimore, Give Street and Number. } 543 Elbow Lane

Duration of Residence in Baltimore. 3 years. C.O. 1497

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Geo. Gross

BIRTHPLACE OF FATHER (State or country): Calvert Co Md.

MAIDEN NAME OF MOTHER: Elsie Watts

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Washington

(Address) 543 Elbor Lane

Filed 5/6/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 5 1907

that I last saw him alive on May 4 1907,

and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 528 Hanover St

Date 5/5/07 1907

Place of Burial Mt Auburn Cem

Date May 6th 1907

Undertaker G. L. Brown & Son

Address 1018 W Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 N. Carrollton Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Effie Weichert (Weichert) C. 07 48

{ Residence, if in Baltimore, Give Street and Number. } 1118 N. Carrollton Av

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 16 1889

AGE 17 years, 9 months, + days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John G. Weichert

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Phebe J. Frank

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Bowman

(Address) Randallstown.

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to May 4 1907

that I last saw h alive on May 3 1907

and that death occurred, on the date stated above, at 10 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C. Houck M.D.

Address 1922 Penna Ave

Date May 7-1907 190

Place of Burial London Park Cem

Date May 6 1907

Undertaker John E. Hough Co.

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0799

City of Baltimore, (No. #1208 N. Gay St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fredrick Otto

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July (Month) 20 (Day) 1886 (Year)

AGE 20 years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Oscar Otto

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Rausch

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Otto

(Address) 2209 E. Preston St.

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 21st 1907 to May 3rd 1907 that I last saw h[illegible] alive on May 3rd 1907, and that death occurred, on the date stated above, at 5.25 P. M. The CAUSE OF DEATH was as follows:

Acute Phthisis Pulmonalis

5 [illegible] (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Louis Potack M. D.

May 3 1907 (Address) 935 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cemetery	May 6th 1907
UNDERTAKER	ADDRESS
Ph. Seewald Sons	119 S. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1528 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cecelia Lutts

{Residence, if in Baltimore, Give Street and Number.} 1518 N. Patterson Park Ave.

Duration of Residence in Baltimore. Life C.0800

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE about. 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William M. Pendergast

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Parsons

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John J. Lutts

(Address) 1528 N. Patterson Park Ave.

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1907

I HEREBY CERTIFY, That I attended deceased from April 26th 1907 to May 4th 1907

that I last saw h.. alive on May 4th 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) H. O. Stoner M.D.

Address Bay & Caroline Sts.

Date May 8th 1907

Place of Burial New Cathedral Cemetery

Date May 8th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sorah E. Becor

{Residence, if in Baltimore, Give Street and Number.} 934 E Monument st

Duration of Residence in Baltimore. 50 years C.0801

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 16th 1831

AGE: 76 years, 2 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: David Hershaw

BIRTHPLACE OF FATHER (State or country): dont Know

MAIDEN NAME OF MOTHER: Elizabeth Lannon

BIRTHPLACE OF MOTHER (State or country): dont Know

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna A Becor

(Address) 934 E Monument st

Filed 5/6/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to May 4 1907

that I last saw h[illegible] alive on May 4 1907,

and that death occurred, on the date stated above, at 730 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility.

(DURATION) DAYS

Contributory (Primary.) Senility- ms

Chronic Bronchitis (DURATION) DAYS

(Signed) W. L. Todd M.D.

Address 1202 E Monument St

Date May 5 1907

Place of Burial Greenmount Cemetery

Date May 7th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 938 N Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mat Brandyna

{ Residence, if in Baltimore, Give Street and Number. } 938 N Vincent St

Duration of Residence in Baltimore. For a half years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 54 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sandan Gray

(Address) 938 N Vincent St

Filed 5/6 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3rd 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

Three weeks (DURATION) ... DAYS

Con'tributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address Toddsville, (Conn.)

Date May 4th 1907

Place of Burial Mt Pisgah cemetery

Date May 6 1907

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Enos Chilcoat

{ Residence, if in Baltimore, Give Street and Number. } 3535 Falls Road

Duration of Residence in Baltimore. Since Annalomo C. 0803

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Chilcote

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Enos

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/6 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3 — 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to May 3 1907 that I last saw him alive on May 3 1907, and that death occurred, on the date stated above, at 1.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes Mellitus

Hypostatic Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Arterio-

Sclerosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 3 — 1907

Place of Burial Mt Olivet

Date May 6 1907

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 E. Cross St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary Ellen Frampton

{Residence, if in Baltimore, Give Street and Number.} 224 E. Cross

Duration of Residence in Baltimore. life

C.0804

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	September 20 1850 1
AGE	56 years, 7 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John Hyde
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Elizabeth Tall
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johnson Frampton

(Address) #224 E. Cross St.

Filed 5/6/07 190

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1907

I HEREBY CERTIFY, That I attended deceased from May 3 1907 to May 4 1907 that I last saw her alive on May 4 1907, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy.

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) W. B. Burch M.D.

Address 828 N Carrollton Ave

Date May 5 1907

Place of Burial Baltimore Cemetery

Date May 7 1907 190

Undertaker Armstrong Denny Co.

Address 115 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person s
uty of the Physician who attended during his or her last sickness, or the Coro
, to furnish within **eighteen hours after death**, to the Undertaker, or other person s
k forth, as far as the same can be ascertained, the **full name, sex, age, condition** (w
sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 S Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther Samuelson

{ Residence, if in Baltimore, Give Street and Number. } 225 S Eden

Duration of Residence in Baltimore. Life C.0005

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 4 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Abraham Samuelson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Fannie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Hoffman

(Address) 225 S Eden st

Filed 5/6/1907 HARRY C. [illegible], [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1907

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 6 1907 that I last saw h[illegible] alive on May 5 1907, and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

2 (DURATION) DAYS

Contributory (Primary.) Mitral Insufficiency

2 mos (DURATION) DAYS

(Signed) Chas. F. Bleke M.D.

Address 1523 W Balto

Date May 6 1907

Place of Burial Lebanon Philip Rd Ger Run

Date May 6, 1907

Undertaker Max Levinson

Address 1620 No Eldeney st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 107½ Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Margretta T. Deahne

{ Residence, if in Baltimore, Give Street and Number. } 107½ Stafford Lane

Duration of Residence in Baltimore. Life

C.0806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 11 th 1868

AGE: 39 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Christopher Keyser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Clementine Keyser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie Keyser

(Address) 1817 Lemdon Court,

Filed 5/6/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5 1907

I HEREBY CERTIFY, That I attended deceased from April 15th 1907 to May 5th 1907

that I last saw her alive on May 5th 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. W. Mortimer M.D.

Address 1257 Eutaw Ave

Date May 5th 1907

Place of Burial New Cathedral

Date May 8th 1907

Undertaker N. S. Finch

Address 2113 N. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace V. Buckman

{Residence, if in Baltimore, Give Street and Number.} 625 S Paca St

Duration of Residence in Baltimore. Life 0207

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 25 May 1895

AGE: 12 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Harry V. Buckman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Grace E Buckman

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry V. Buckman

(Address) 625 S Paca

Filed 5/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1907

I HEREBY CERTIFY, That I attended deceased from April 28 1907 to May 4 1907

that I last saw her alive on May 4 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 9 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) B B Browne M.D.

Address 570 Park Ave

Date May 5. 1907

Place of Burial Baltimore Cem

Date May 7 1907

Undertaker W. J. Dukenfield Sons

Address Lumden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William Sewell

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

C. 0806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to May 5 1907 that I last saw h-- alive on May 5 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Pulmonary Phthisis

(DURATION) DAYS

(Signed) R R Vossia M.D.

Address Bay View Hospital

Date May 6 1907

Place of Burial Western Cem

Date May 6 1907

Undertaker W. J. Tuckerstone

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry W. Schafer

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

C 0809

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 2 1888

AGE 19 years, 1 months, 2 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Adolf Schafer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Minnie Greenwaldt.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolf Schafer

(Address) 240 S. Chester

Filed 5/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from April 9 1907 to May 3 1907 that I last saw h alive on May 3 1907, and that death occurred, on the date stated above, at 11.5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) John Katts M.D.

Address 2007 Eastern Ave

Date May 5 " 1907

Place of Burial Trinity Cemetery.

Date May 8 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Louis & Mamie Schuman

{Residence, if in Baltimore, Give Street and Number.} 130 E. Randall St

Duration of Residence in Baltimore. Life C.0610

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: may 6 1907

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Louis Schuman

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mamie Mahan

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Schuman (father)

(Address) 130 E. Randall St

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: may 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7.4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Asphyxia due to lying on its face.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Otto M. Reinhardt M.D.

Address Coroner

Date may 6. 1907

Place of Burial Cedar Hill

Date May 7 1907

Undertaker Jos. Stuntebeck

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum

Full Name Martin Brannagle St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 0811

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH

AGE 57 years, ... months, ... days

1

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Lamar Hollyday Supt.

(Address)

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to May 5 1907

that I last saw him alive on May 5 1907

and that death occurred, on the date stated above, at 8 1m

4 M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Tongue

Chronic diffuse

Nephritis, Duration

Pneumonia (DURATION) DAYS

Con'ributory (Primary.) Arteio

Sclerosis (DURATION) DAYS

(Signed) R R Norman M.D.

Address Bay View Hospital

Date May 5 1907

Place of Burial Sacred Heart

Date May 7 1907

Undertaker Brune & Spencer

Address 118 & 120 West Royal Ave.

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd Cunningham

{ Residence, if in Baltimore, Give Street and Number. } 1308 Vincent ave Ewing

Duration of Residence in Baltimore. Life C.812

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Anna Little

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Homeopathic Hospital

(Address) 1598 N Carey st

Filed 5/6/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured Skull

died in 3 hrs. (DURATION) ..... DAYS

Con'tributory (Primary.) accidental

fall from scaffold (DURATION) ..... DAYS

(Signed) Lucian Blackwell M.D.

Address 700 Laf. av. (Corner)

Date May 4th 1907

Place of Burial Western Cemetery

Date May 7 1907

Undertaker Wilbur H Shriver

Address 216 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

61

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Elliott

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

C. 0613

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	January 6th 1857
AGE	50 years, 4 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/6/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from June 5, 1906 to May 5, 1907 that I last saw her alive on May 5 1907, and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Commulsions

(DURATION) 3 DAYS

Con'tributery (Primary.) Dementia Paraly—

(DURATION) 3 ~~DAYS~~

(Signed) W L Brent M.D.

Address Bay View Asylum

Date May 5. 1907

Place of Burial Mount Carmel

Date May 6th 1907

Undertaker H. Lander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Elizabeth Mason

{Residence, if in Baltimore, Give Street and Number.} 1829 Druid Hill Ave

Duration of Residence in Baltimore. Lifetime C814

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: col	DATE OF DEATH: May 4th 1907
DATE OF BIRTH: Unknown	I HEREBY CERTIFY, That I attended deceased from April 25 1907 to May 4, 1907
AGE: 60 years, — months, — days	that I last saw her alive on April 30 1907,
~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~	and that death occurred, on the date stated above, at 11.55 A. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Maryland	Bronchial Pneumonia
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	(DURATION) DAYS
MAIDEN NAME OF MOTHER: "	Contributory (Primary.) General Senility
BIRTHPLACE OF MOTHER (State or country): "	Conditions, (DURATION) DAYS
OCCUPATION OF DECEASED: None	(Signed) W. Winans M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 1220 E. Fayette
(Informant) J. S. Burke	Date May 5th 1907
(Address) 1107 N. Utah Ave	Place of Burial Laurel Cemetery
Filed 5/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date May 7 1907
	Undertaker J. S. Burke
	Address 1107 N. Utah Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Jno University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Kirkpatrick

{ Residence, if in Baltimore, Give Street and Number. } Lovering House

0815

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH	1
AGE 38 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed 5/6 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 26 1907

I HEREBY CERTIFY, That I attended deceased from Apr 26 1907 to Apr 26 1907

that I last saw h alive on Apr 26 1907,

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Jaundice

(DURATION) 3 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address

Date May 6 1907

JOHNS HOPKINS HOSPITAL

Place of Burial

MAY 6 - 1907

Date 190

Undertaker

Address Stewart & Co

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0816

City of Baltimore, (No. 525 N Fremont Ave St.; 17 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Annie M. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 15 1844 (Month) (Day) (Year)

AGE: 57 years, 9 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Christian Klug,

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Babylon,

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Athan Miller,

(Address) 525 N. Fremont Ave

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5-th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about 3 weeks ~~190~~ to May 5-th 1907 that I last saw h-r alive on May 4th 1907, and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Some obscure abdominal tumor probably malignant

(DURATION) DAYS

Contributory Peritonitis

(DURATION) DAYS

(Signed) N A Hill M. D.

May 6 1907 (Address) 201 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 8 1907
UNDERTAKER	ADDRESS
Geo W. Little,	531 N. Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0817

CERTIFICATE OF DEATH.

Registered No. B ~~C 0817~~

City of Baltimore, (No. 1307 Harlem ave St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes Luerita N. Rolfe

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 49 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER Arthur L. A. Rolfe

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Sarah Bishop

BIRTHPLACE OF MOTHER (State or country) New Bern N. C

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phoebe E Ritter

(Address) 1307 Harlem ave

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 10 1907 to May 6 1907 that I last saw her alive on May 6 1907, and that death occurred, on the date stated above, at 9 M. The CAUSE OF DEATH was as follows:

Acute Bright's disease of kidneys (DURATION) 30 DAYS

Contributory (DURATION) DAYS

(Signed) G W Slated M. D.

May 6 1907 (Address) 1703 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
York, Penna	May 7 1907
UNDERTAKER	ADDRESS
Geo J Smith & Co	W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William C. Rudolph

{ Residence, if in Baltimore, Give Street and Number. } U.S. Marine Hospital

Duration of Residence in Baltimore. 3 days

0.818

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. E. Williams

(Address) U.S. Marine Hospital

Filed 5/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from May 3 1907 to May 5 1907 that I last saw h alive on May 5 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Williams M.D.

Address U.S. Marine Hospital

Date May 6 1907

Place of Burial Bonnie Brae

Date May 7 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0819

CERTIFICATE OF DEATH.

N

Registered No. B

City of Baltimore, (No. 254 Bruce St. ; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. W. Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 2 (Month) 1 (Day) Year)

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md. (Howard Co.)

FULL NAME OF FATHER: John Young

BIRTHPLACE OF FATHER (State or country): Md —

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md —

OCCUPATION OF DECEASED: White Washer-Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel J. Young

(Address) 254 N. Bruce St.

Filed 5/6 1907

HARRY C. ANDREWS
FRUIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5 — 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apl 25 — 1907 to May 5 1907

that I last saw him alive on May 4 1907,

and that death occurred, on the date stated above, at 10 a. M. The CAUSE OF DEATH was as follows:

Arteria Sclerosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. Wm. Funck M.D.

DR. J. WM. FUNCK,

MAY 5 1907 (Address) 101 N. FULTON AVENUE.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: U.S. National Cemetery

DATE OF BURIAL: May 7th 1907

UNDERTAKER: Felix B Pyle

ADDRESS: 102 E. Hillsboro St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Kaplan

{ Residence, if in Baltimore, Give Street and Number. } Emmanuel Kaiser

Duration of Residence in Baltimore. C820

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	Nov. 6th 1906.
AGE	6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) 55 S. Gay St.

Filed 5/6/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 5 1907

that I last saw h[illegible] alive on May 5 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date May 6 1907

Place of Burial Ev. Cemetery

Date May 7th 1907

Undertaker H. Sander & Son

Address 1310 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 565 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Keys

{Residence, if in Baltimore, Give Street and Number.} 565 Baker St.

Duration of Residence in Baltimore. Twenty years C. 821

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Williams

(Address) 666 Bradley St

Filed May 7th 1907 MARY O. ANDREWS, FEMALE CLERK. Registrar

C.C.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to May 5 1907

that I last saw h.. alive on May 5 1907,

and that death occurred, on the date stated above, at 10 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bebendes & Cardiac Insufficiency

Several months (DURATION) — DAYS

Contributory (Primary.) Old age

(DURATION) — DAYS

(Signed) Edward Mcally M.D.

Address 1220 E. Hill Ave

Date May 6 1907

Place of Burial New Windsor Carroll Co Md

Date May 7th 1907

Undertaker W. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH

(Place of Death.) No. 616 Collett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name LeRoy Smith

{Residence, if in Baltimore, Give Street and Number.} 616 Collett St.

Duration of Residence in Baltimore. 20 years C.822

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1847

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundl Co.

FULL NAME OF FATHER: William Smith

BIRTHPLACE OF FATHER (State or country): Anne Arundl Co

MAIDEN NAME OF MOTHER: Maria Johnson

BIRTHPLACE OF MOTHER (State or country): Anne Arundl Co

OCCUPATION OF DECEASED: Teamster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Malachi Smith.

(Address) 616 Collett St

Filed 5/7/1907 HARRY D. HOWARD, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1907

I HEREBY CERTIFY, That I attended deceased from April 28 1907 to May 6 1907

that I last saw h-- alive on May 5 1907

and that death occurred, on the date stated above, at 4 A--M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 24 DAYS

Con'ributory (Primary.) Asthenia

(DURATION) 1 DAYs

(Signed) T. E Daughtery M.D.

Address 2506 Pgnna Ave

Date May 6 1907

Place of Burial Mt Auburn Cemetery

Date May 7 1907

Undertaker Robt Boyle

Address 1028 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ed, and the ***cause and date of death.***

(Place of Death.) No. 103 Henry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Murphy

{ Residence, if in Baltimore, Give Street and Number. } 103 S Henry St.

Duration of Residence in Baltimore. 45 yrs (C.822)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 5/7/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1907

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to May 5th 1907

that I last saw h[illegible] alive on May 4th 1907

and that death occurred, on the date stated above, at 1st a m. CAUSE OF DEATH (Secondary or Immediate

Hypostatic Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Hemiplegia

(DURATION) DAYS

(Signed) Henry McCormick M.D.

Address # 11. N Caroline St

Date May 6th 1907

Place of Burial New Cathedral

Date May 8 1907

Undertaker Matthew Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0824

City of Baltimore, (No. 1413, Pace St. St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frida Marie Bachman.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH [illegible] 14 1895:
(Month) (Day) (Year)

AGE 11 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Christian [illegible]

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Marie Kaehler.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Wallhorning M.D.

(Address) 603 S. Sharp St.

Filed 5/7 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 6 1907

that I last saw h[illegible] alive on May 6 1907,

and that death occurred, on the date stated above, at 9.22 a.m. The CAUSE OF DEATH was as follows:

Cerebral Spinal Meningitis
(DURATION) DAYS

Contributory Malfunctio
(DURATION) DAYS

(Signed) C. Wallhorning M. D.

May 6 1907 (Address) 603 S. Sharp St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL Western Cem | DATE OF BURIAL May 8 1907

UNDERTAKER Wm J. Tickner & Sons | ADDRESS 425 W. Camden St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin F. Robbins

{Residence, if in Baltimore, Give Street and Number.} 1916 N. Lexington

Duration of Residence in Baltimore. Lifetime C.825

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Not Known 1

AGE about 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Erixon Robbins

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Emeline Shreckell

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Robbins Son

(Address) 303 S Mount St

Filed 5/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him alive on ..... 190 .....

and that death occurred, on the date stated above, at 3

11. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. W. Leonhardt M.D.

Coroner

Address .....

Date May 6. 1907

Place of Burial Balto Cemetery

Date May 8 1907

Undertaker F. E. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore,
[If death occurs away fr
USUAL RESIDENCE
give facts called for un
"Special Information.

PERSONAL AN

SEX Female

DATE OF BIRTH

AGE 11 years,

SINGLE, MARRIED, WIDOWED, OR DIVORC

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PE
BEST OF MY KNOWLE

(Informant)

(Address)

Filed 5/7 190 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 E. Baltimore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor Munro

{Residence, if in Baltimore, Give Street and Number.} 826 E Baltimore St

Duration of Residence in Baltimore. 25 years C. 826

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 12" 1842

AGE 64 years, 4 months, 23 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed.

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Wm Jewell

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 826 E. Baltimore St.

Filed 5/7 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1716 N. Carolina St Green

Date May 7 1907

Place of Burial London Park Cemetery

Date May 7 1907

Undertaker Ernest Spence

Address 118 & 120 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ig forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Ind. General Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Blumner.

{ Residence, if in Baltimore, Give Street and Number. } Roland Park Ind.

Duration of Residence in Baltimore. 16 years. C.827

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: July 29th 1840

AGE: 66 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Mecklenburg Germ.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Nursery. business.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry G. Blumner

(Address) The albion.

Filed 5/7 1907.

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 30 1907 to May 6th 1907

that I last saw h[im] alive on May 2 - 1907,

and that death occurred, on the date stated above, at 2 [illegible] a. m. CAUSE OF DEATH (Secondary or Immediate.)

Operated for Double Inq. Hernia. May 1st 07.

(DURATION) 2 DAYS

Con'tributory (Primary.) Heart failure

(DURATION) 2 DAYS

(Signed) C. C. Langley M.D.

Address Ind. Gen Hosp

Date May 5, 1907

Place of Burial Woodlawn Cemetery

Date May 7th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2020 Madison ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emanuel Freeman

{Residence, if in Baltimore, Give Street and Number.} 2020 Madison ave.

Duration of Residence in Baltimore. Life

C.826

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 30th 1857

AGE: 50 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Simon Freeman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Henrietta Hartman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Freeman

(Address) 2020 Mad. ave.

Filed 5/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5th 1907

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Died Suddenly (DURATION) ... DAYS

Con'tributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Simon Baruch M.D.

Address 700 Laf. ave. Roanoke

Date May 5th 1907

Place of Burial Fellscourt

Date May 7 1907

Undertaker Jacob Ahrens

Address 1520 E. Saratoga St.

SECTION 5. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Infant of John~~ Johnson Whitridge Jr

{ Residence, if in Baltimore, Give Street and Number. } 125 N. Int. Royal Ave

Duration of Residence in Baltimore. 3 days.

C.629

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: May 3rd 1907	
AGE: — years, — months, 3 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: John Whitridge	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Edith L. Whitridge	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Whitridge Williams

(Address) 112 E Cathedral St

Filed 5/7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1907

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 6 1907 that I last saw him alive on May 6 1907 and that death occurred, on the date stated above, at 6 o'clock M. CAUSE OF DEATH (Secondary or Immediate.)

Intra Cranial Hemorrhage

Febris Icterodes

(DURATION) 3 DAYS

Con'tributory (Primary.) Operation

Febris Icterodes (DURATION) 1 DAYS

(Signed) J. Whitridge Williams M.D.

Address 112 E. Cathedral St

Date May 6 1907

Place of Burial Greenmount

Date May 9th 1907

Undertaker Wm. Jenkins Sons Co

Address 1600 Eutaw Madison & Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 528 W. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Epstein

{ Residence, if in Baltimore, Give Street and Number. } 528 W. Conway St.

Duration of Residence in Baltimore. —

C.830

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Lerner

(Address) 528 W Conway

Filed 5/7/07 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to May 5 1907

that I last saw h— alive on May 5 1907,

and that death occurred, on the date stated above, at 5:30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure - exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 10 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto St

Date May 6 1907

Place of Burial Baltimore Co

Date May 7 1907

Undertaker Wm Cook

Address 502 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda Spencer

{Residence, if in Baltimore, Give Street and Number.} 427 S Bond St

Duration of Residence in Baltimore. ?

C.821

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Albert Tenbin

BIRTHPLACE OF FATHER (State or country): Crisfield Md

MAIDEN NAME OF MOTHER: Hettie Thomas

BIRTHPLACE OF MOTHER (State or country): Crisfield Md

OCCUPATION OF DECEASED: Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Spencer

(Address) 427 S Bond st

Filed 5/7/ 190.

[illegible] CLERK OF [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 30 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to April 30 1907

that I last saw her alive on April 30 1907

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.) Aneurysm of aorta

(DURATION) DAYS

(Signed) W J - MacCallum M.D.

Address Johns Hopkins Hospital

Date 5/1 1907

Place of Burial Asbury Cemetary

Date May 7 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. #702. 2nd Ave. Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy E. Baker

{Residence, if in Baltimore, Give Street and Number.} #702. 2nd ave

Duration of Residence in Baltimore. 27. Years C. 832

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH Oct 14 1836

AGE 50 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER James Reeves

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lucy Reeves

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. E. Baker

(Address) #2. George St

Filed 5/7/07 BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to May 5 1907

that I last saw h[illegible] alive on May 5 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Anasarca

Ex Lumbago

(DURATION) 25 DAYS

Con'tributory (Primary.) Phthisis Pulmonalis ?

(DURATION) DAYS

(Signed) R. B. Norment M.D.

Address 3343 Chestnut Ave

Date May 6th 1907

Place of Burial St Marys Hampden

Date May 7th 1907

Undertaker Wm E. Chenoweth & Son

Address 919 3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Wolfe St between Eager & Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Radford

{Residence, if in Baltimore, Give Street and Number.} 1602 Barnes St.

Duration of Residence in Baltimore. Life. C.853

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ✗ years, 2 months, ✗ days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas Radford

BIRTHPLACE OF FATHER (State or country) City.

MAIDEN NAME OF MOTHER Sophie Kutcher

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Iron

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) No 1602 Barnes St

Filed 5/7/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1907

I HEREBY CERTIFY, That I attended deceased from ✗ 190 to ✗ 190

that I last saw him alive on ✗ 190,

and that death occurred, on the date stated above, at 9 ✗ M. CAUSE OF DEATH (Secondary or Immediate) Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. [illegible] M.D.

Address Coroners Office

Date May 7 - 07 190

Place of Burial Holy Redeemer Cem.

Date May 8 190

Undertaker Henry Hooks Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his or her cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 E. Federal St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Veronica E. Conner

{Residence, if in Baltimore, Give Street and Number.} 2111 E. Federal St.

Duration of Residence in Baltimore. Life

C.824

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Apr. 11th 1906
AGE	1 years, months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Robert R. Conner
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Annie E. Poole
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt R Conner

(Address) 2111 E. Federal St

Filed May 7 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1907

I HEREBY CERTIFY, That I attended deceased from May 6th 1907 to May 6th 1907

that I last saw h[illegible] alive on May 6th 1907

and that death occurred, on the date stated above, at 12 AM

CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia.

Con'tributory (Primary.) Convulsions (DURATION) DAYS

(Signed) E. Fetterolf (DURATION) DAYS

M.D.

Address 1414 E. Eager St.

Date May 7th 1907

Place of Burial Holy Redeemer Cemetery

Date May 8th 1907

Undertaker Henry Hoecke's Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 N. Lexington St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Jas. W. Webb

{Residence, if in Baltimore, Give Street and Number.} Aged Men's Home

Duration of Residence in Baltimore. 6 yrs

C.835

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W'P

DATE OF BIRTH: Apl 7 1820

AGE: 87 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: Dan. Webb.

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. C. Ormes Supt

(Address) Home

Filed 5-7-07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1907

I HEREBY CERTIFY, That I attended deceased from Apr 1906 to May 6 1907

that I last saw h— alive on May 6 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Dis of Heart

6 mos (DURATION) DAYS

Con'ributory (Primary.) Asthenia

6 mos (DURATION) DAYS

(Signed) T. J. Norwood M.D.

Address 939 W Fayette St

Date May 7 1907

Place of Burial Baltimore Cemetery

Date May 8th 1907

Undertaker Geo. F. Smith. Co

Address 1000. W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 N. Bruce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Infant of Rachel Page~~ Franklin Theodore Green.

{ Residence, if in Baltimore, Give Street and Number. } 503 N. Bruce St.

Duration of Residence in Baltimore.

C.836

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	B.

DATE OF BIRTH: May 6th 1907.

AGE: ... years, ... months, 4 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Benjamin Green

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Rachel Page

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Page

(Address) 503 N. Bruce

Filed May 7th 1907

NANCY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6th 1907

I HEREBY CERTIFY, That I attended deceased from 5-6-1907 to 5-6-1907 that I last saw him alive on 5-6-1907, and that death occurred, on the date stated above, at 4.20 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Premature delivery,
37 weeks gestation
Death due to inanition

(DURATION) ... DAYS

Contributory (Primary.) Premature infant

(DURATION) ... DAYS

(Signed) Wm. E. Tyson M.D.

Address 622 W. Lombard St

Date May 7th 1907

Place of Burial Mt. Auburn Cemetery

Date May 7th 1907

Undertaker Felix B. Pyle

Address 162 E. Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 743 Sarah Ann St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary E Thomas

{Residence, if in Baltimore, Give Street and Number.} 743 Sarah Ann

Duration of Residence in Baltimore. 6 y

C 427

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas. H. Thomas

(Address) 743 Sarah ann st

Filed 5/7/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage, subsequent to La Grippe

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date May 7 190

Place of Burial Mt Auburn Cem

Date May 8th 190 7

Undertaker Saml F. Chase & Son

Address 1011 N. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate k forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Adeline Wilson

{Residence, if in Baltimore, Give Street and Number.} 710 Stockton St

Duration of Residence in Baltimore. Seven years

C.828

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin F. Wilson

(Address) ~~Same~~ 710 N Stockton St

Filed May 7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

died suddenly (DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Oscar Balcomi M.D.

Address 700 Laf. av., City

Date May 7th 1907

Place of Burial Mt. Auburn Cem

Date May 7th 1907

Undertaker Sam'l H. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2014 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max Schultz

{Residence, if in Baltimore, Give Street and Number.} 2014 Lemmon St.

Duration of Residence in Baltimore. Life C.639

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: May 6th 1907

AGE: ..... years, ... months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt md

FULL NAME OF FATHER: Geo Schultz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Heiler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Schultz

(Address) 2014 Lemmon St

Filed 5/7/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 28th 1907 to ..... 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) 1 DAYS

Contributory (Primary.) Premature Birth

..... (DURATION) ..... DAYS

(Signed) Geo Schultz M.D.

Address .....

Date May 7th 1907

Place of Burial St Alphonsus

Date May 7th 1907

Undertaker L S Tripp

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH

David Hill Hospital

(Place of Death.) No. Home of Friendless St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Norris

{Residence, if in Baltimore, Give Street and Number.} Home of Friendless

Duration of Residence in Baltimore. One year C. 840

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 26th, 1904

AGE: 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: George F. Norris

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mattie Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Jones

(Address) 506 E. Lafayette ave.

Filed May 7th 1907

MARRY OF ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5-6 1907.

I HEREBY CERTIFY, That I attended deceased from 3-1 1907 to 5-6 1907.

that I last saw h alive on 5-5 1907, and that death occurred, on the date stated above, at 12.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.) Measles

(DURATION) 14 DAYS

(Signed) H. Edw. Magruder M.D.

Address 922 Madison Ave.

Date May 6, 1907.

Place of Burial London Park Cem.

Date May 7th 1907

Undertaker Chas. E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 246 S. Collington Ave. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine O'Donnell

{ Residence, if in Baltimore, Give Street and Number. } 246 S Collington ave

Duration of Residence in Baltimore. Life time C.841

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 6th 1895

AGE 12 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Thomas O'Donnell

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kane

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary O'Donnell

(Address) 246 S. Collington

Filed May 7 1907

HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5, 1907

I HEREBY CERTIFY, That I attended deceased from April 20, 1907 to May 5, 1907

that I last saw h alive on May 5, 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. H. Gatch, M.D.

Address 1 E Broadway

Date Balto. May 7, 1907.

Place of Burial Cathedral Cem.

Date May 8th 1907

Undertaker John A. Inman

Address Bank & Annsle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 603 S. Paca St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret L. Bush Lefevre,

{ Residence, if in Baltimore, Give Street and Number. } 603 S. Paca St,

Duration of Residence in Baltimore. 30 years.

C. 842

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1855

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Benj Bush

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ann Jackson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Le Fevre

(Address) 603 S Paca St.

Filed 6/7 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1907 to May 6, 1907

that I last saw h[illegible] alive on May 5, 1907,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Peritonitis,

(DURATION) 4 Mos. DAYS

Contributory (Primary.) Duodenal

(DURATION) [illegible] DAYS

(Signed) Albert F. Chambers, M.D.

Address 614 S. Paca St.

Date May 6, 1907

Place of Burial Green Mt Cemetery

Date May 8 1907

Undertaker John A. Geiger

Address 1223 E Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1032 N. Calhoun St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Dept. of Albert & Carrie Wade

{ Residence, if in Baltimore, Give Street and Number. } 1032 N. Calhoun St

Duration of Residence in Baltimore. Life

C.843

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: May 6th 1907

AGE: — years, — months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Albert Wade

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Carrie Cross

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Wade

(Address) 1032 N. Calhoun St

Filed 5/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Concussion

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Asia Baldwin M.D.

Address Todd's Av., Towson

Date May 7th 1907

Place of Burial St. Peters

Date May 7th 07 190 .....

Undertaker Clarence E. Wright

Address 1364 Eutaw Street

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1728. Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah Hughes

{Residence, if in Baltimore, Give Street and Number.} 1728. Orleans st.

Duration of Residence in Baltimore. Lifetime

C. 844

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 1 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Hughes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nancy Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hughes

(Address) 1728 Orleans St

Filed 5/7 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1907

I HEREBY CERTIFY, That I attended deceased from May 5th 1907 to May 5th 1907 that I last saw him alive on May 5th 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Eclampsia

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102. Orleans st

Date May 6th 1907

Place of Burial Laurel

Date May 7 1907

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0845

Registered No. B

City of Baltimore, (No. 514 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Stewart.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles H. Stewart

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Adeline Hall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 514 N. Dallas St.

Filed 5-7-1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 4/19 1907 to 5/3 1907 that I last saw h. alive on 5/3 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pelvic. T. B.

4 mos. (DURATION) ..... DAYS

Contributory Cardiac

Asthenia (DURATION) ..... DAYS

(Signed) B. C. Katzoff M. D.

5/6 1907 (Address) 116 N. Gay [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Md Magoty Anrandel Co

DATE OF BURIAL: May 8 1907

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person sh Physician who attended during his or her last sickness, or the Coroner, when the c the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the per the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0846

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1915, Sapp St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie A. Quigley.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Mulatto

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. County.

FULL NAME OF FATHER: Jno. Fallman.

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Laura —

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Quigley.

(Address) 1901 Jasp St.

Filed 5/7/1907. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 6, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 4, 1907 to May 6, 1907

that I last saw her alive on May 6, 1907,

and that death occurred, on the date stated above, at 6.15 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Hugh Forsythe, M. D.

May 7, 1907. (Address) 424 E. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. Md Interred

DATE OF BURIAL: May 9 1907

UNDERTAKER: R. T. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Nicholson

{ Residence, if in Baltimore, Give Street and Number. } 1732 Lancaster st

Duration of Residence in Baltimore. 33 yrs.

C.817

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	1
AGE	45 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Thos Nicholson
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Shipping Agt.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Nicholson (Son)

(Address) 1732 Lancaster st.

Filed 5/7/ 1907 HARRY G. ROBERTS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to May 1907

that I last saw h alive on May 1907,

and that death occurred, on the date stated above, at 11-05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Benj. S. Haughton M.D. Coroner

Address 1216 N. Carolina st

Date May 7, 1907.

Place of Burial Mt. Carmel Cem.

Date May 8. 1907

Undertaker Wendell Sippel Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1205 W Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Galloway Matthews

{ Residence, if in Baltimore, Give Street and Number. } 1205 W Balto St

Duration of Residence in Baltimore.

C. 848

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR Wht

DATE OF BIRTH Nov 16 1832

AGE 74 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Haller

(Address) 1205 W Balto St

Filed 5/7/1907 HARRY G. ARMSTRONG, CITY REGISTER, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 at 1907

I HEREBY CERTIFY, That I attended deceased from Apl 29 1907 to May 6 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. Bryan Jones M.D.

Address Coroner 845

Date May 6 1907

Place of Burial Havre de Grace

Date May 8 1907

Undertaker W. J. Pickney & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mr. & Mrs Seeger Blumberg

{Residence, if in Baltimore, Give Street and Number.} 1427 Battery ave

Duration of Residence in Baltimore. Life C.849

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 4th 1907

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Seeger Blumberg

BIRTHPLACE OF FATHER (State or country): Norway

MAIDEN NAME OF MOTHER: Dad[redacted]

BIRTHPLACE OF MOTHER (State or country): Norway

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Seeger Blumberg

(Address) 1427 Battery Ave

Filed 5/8/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to May 7 1907

that I last saw h[illegible] alive on May 6 1907,

and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) Life

Contributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) R E L Campbell M.D.

Address 1644 Hanover St,

Date May 7 1907

Place of Burial London Park Cemetery

Date May 8th 1907

Undertaker Edw. J. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Friendship St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Perry Johnson.

{Residence, if in Baltimore, Give Street and Number.} 1711 Friendship St.

Duration of Residence in Baltimore. 15 years (C.B.D.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1843

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known.

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Warren (Grandson)

(Address) 1711 Friendship St.

Filed 5/8/1907 S.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 6 1907

that I last saw him alive on May 6 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 6 DAYS

Con'ributory (Primary.) Paralysis (DURATION) ... DAYS

(Signed) T E Daughaday M.D.

Address 250 6 Penna Ave

Date May 7 1907

Place of Burial Union Chapel Reisterstown Balto Co Md

Date May 8 1907

Undertaker Wm. J. Johnson

Address 614 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 King St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Talbott

{Residence, if in Baltimore, Give Street and Number.} 408 King St

Duration of Residence in Baltimore. Life

C.457

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Unknown 1
AGE	22 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	do
MAIDEN NAME OF MOTHER	do
BIRTHPLACE OF MOTHER (State or country)	do
OCCUPATION OF DECEASED	Prostitute

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Nellie Talbott

(Address) 408 King do

Filed 5/8 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to May 7 1907

that I last saw h[illegible] alive on May 7 1907

and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Endocarditis

Cardiac Dilatation

Three (DURATION) DAYS

Contributory (Primary.) Asthenia

1 Hour (DURATION) DAYS

(Signed) H Nonnes M.D.

Address 929 W Fayette St

Date May 9 1907

Place of Burial Baltimore Cem

Date May 9 1907

Undertaker Lowe Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ..., to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ...g forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person ...ed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Jno Hopkins Univ Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas H Sellman

{Residence, if in Baltimore, Give Street and Number.} 848½ W Lanvale St

Duration of Residence in Baltimore Life

(C 852)

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH ... 1

AGE 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jas C ...

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Donovan

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ...

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Sellman

(Address) 1439 John St

Filed 5/8 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1907

I HEREBY CERTIFY, That I attended deceased from ... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

Suicide

31 (DURATION) DAYS

Con'tributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J. F Martin M.D.

Address Coroner

Date May 7 1907

Place of Burial Greenmount

Date May 8 1907

Undertaker Wm Cook

Address 512 E Monument

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0853

City of Baltimore, (No. 915, N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Wilton Pryor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 6 (Day) 1907 (Year)

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard L. Pryor

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Sarah G. White

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Dulany Thomas M.D.

(Address) 633 N. Carrollton ave

Filed 5/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from about April 30 1907 to May 6 1907 that I last saw her alive on May 6 1907, and that death occurred, on the date stated above, at 7 30 P. M. The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) 14 DAYS

Contributory

(DURATION) DAYS

(Signed) Wm Dulany Thomas M. D.

May 7 1907 (Address) 633 Carrollton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: May 9 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

118

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Murray

{ Residence, if in Baltimore, Give Street and Number. } Monroe St?

Duration of Residence in Baltimore. 40 yrs? C854

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Unknown 1825?

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Josephs Hospl

(Address) Caroline & Hoffman

Filed 5/8 1907

BARNEY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1905 to May 7 1907

that I last saw h Sr alive on May 7 1907

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 3 DAYS

Contributory (Primary.) Appendicitis

(DURATION) DAYS

(Signed) Chas L Jennings M.D.

Address St Josephs Hosp

Date May 7 1907

Place of Burial Cathedral

Date May 10 1907

Undertaker Albert F Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Grothowska

{Residence, if in Baltimore, Give Street and Number.} 734 S Bond St.

Duration of Residence in Baltimore. 5 mos.

C.855

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dont know 1

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Poland.

FULL NAME OF FATHER: Michael Grothowska

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): dont know.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Grothowska (wife)

(Address) 734 S Bond St

Filed 5/8 1907

JAMES C. STARKS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~dec~~ April 27 1907

Body found May 7. 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.01 A. M. CAUSE OF DEATH (Secondary, or Immediate)

Drowning

due to collapsing of

Pier # 8 Locust Point

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos McCarthy M.D.

Coroner

Address .....

Date May 8. 1907

Place of Burial Holy Rosary

Date May 8 1907

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0856

City of Baltimore, (No. 421 Stockton St.; 21st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Ann Hood.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robt Harrington

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A Joyce

BIRTHPLACE OF MOTHER (State or country): N Y

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis I. Hood

(Address) 421 Stockton St

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 3rd 1907 to May 5th 1907

that I last saw h[illegible] alive on May 5th 1907

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) ..... DAYS

Contributory Mitral Regurgitation

(DURATION) ..... DAYS

(Signed) Henry Stanley Hunter M. D.

May 5 1907 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: May 8th 1907

UNDERTAKER: John J Fields | ADDRESS: 1220 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH. C. 857

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Stewart

{Residence, if in Baltimore, Give Street and Number.} 1444 N. Bond St

Duration of Residence in Baltimore. 34 yrs C.857

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Andrew J. Walter

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary L. Ellinger

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Fremont

Filed 5/8/07 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 21 1907 to May 6 1907 that I last saw h[illegible] alive on May 6 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia from Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 16 DAYS

(Signed) Geo. St. Kluegel M.D.

Address St. Joseph's Hosp.

Date May 6 1907

Place of Burial New Cathedral

Date May 9th 1907

Undertaker John J. Fields

Address 1200 N. Fremont st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ..., to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ...forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Owings

{Residence, if in Baltimore, Give Street and Number.} 3-44 Moore St

Duration of Residence in Baltimore. 30 yrs

C.858

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ...1...

AGE 35 — years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Richard T. Owings

(Address) 544 Moore alley

Filed 5/8/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 — , 1907

I HEREBY CERTIFY, That I attended deceased from May 5 — 1907 to May 5 — 1907 that I last saw her alive on May 4 1907, and that death occurred, on the date stated above, at 10-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's disease.

1 year (DURATION) — DAYS

Contributory (Primary.) Uraemia.

(DURATION) 7 DAYS

(Signed) E. D. Laughlin, M.D.

Address Md. Gen. Hospital

Date May 6, 1907

Place of Burial Mt. Auburn

Date May 8 1907

Undertaker E. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0859

City of Baltimore, (No. 1101, Woodley St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alloyses Buchinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Nov. (Month) 9 (Day) 1902 (Year)

AGE: 4 years, 6 months, - days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Valentine Buchinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Reitenzbach.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valentine Buchinger

(Address) 1101 Woodley St.

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 7 1907 that I last saw him alive on 11 7 1907, and that death occurred, on the date stated above, at 6:30 P. M. The CAUSE OF DEATH was as follows:

Diptheria.

(DURATION) 4 DAYS

Contributory Heart failure and convulsions (DURATION) 1 DAYS

(Signed) Walter H. Mayhew M. D.

May 8, 1907 (Address) 1828 W. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Alphonsus — DATE OF BURIAL: May 8 1907

UNDERTAKER: H. S. Fink — ADDRESS: 2113 N. Pont St

WM. J. C. DULANY CO., BALTIMORE.

5 P. M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate y forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ed, and the ***cause and date of death.***

CERTIFICATE OF DEATH

(Place of Death.) No. 327 S Bruce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Loffler

{ Residence, if in Baltimore, Give Street and Number. } 327 Bruce St

C.860

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1907

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Paul Loffler

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Catherina Huber

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Loffler

(Address) 327 Bruce St

Filed 5/8 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to May 6 1907

that I last saw her alive on May 6 1907,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 10 DAYS

Contributory (Primary) Pneumonia

(DURATION) ..... DAYS

(Signed) Walter A Coppage M.D.

Address 1705 Hollins St

Date 190

Place of Burial St Peters

Date May 9th 1907

Undertaker W A Smith

Address 2113 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0861

City of Baltimore, (No. 1418 Eulaw Place St.; Balt Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Alexander Warner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1 May (Month) 13 (Day) 1899 (Year)

AGE: 7 years, 11 months, 25 days

SINGLE ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Georgia

FULL NAME OF FATHER: Charles Arthur Warner

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Susan Swift

BIRTHPLACE OF MOTHER (State or country): Georgia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Swift

(Address) Columbus Ga

Filed 5/8 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH - 5 (Month) 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to May 8th 1907 that I last saw him alive on May 7th 1907, and that death occurred, on the date stated above, at 4.45 a. M. The CAUSE OF DEATH was as follows:

Acute Dilatation (Cardiac)
Pulmonary Oedema

Not known (DURATION) DAYS

Contributory Embolism? (DURATION) DAYS

(Signed) Howard A. Kelly M. D.

May 8th 1907 (Address) 1418 Eulaw Pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Columbus Ga

DATE OF BURIAL: May 8th 1907

UNDERTAKER: Stewart & Brown Co

ADDRESS: 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Siegel

{ Residence, if in Baltimore, Give Street and Number. } 809 Ensor Street.

Duration of Residence in Baltimore. 18 years C 462

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Sam Siegel

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachil Levi

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Schoolteacher ?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Silver

(Address) 607 Aisquith St

Filed 5/8/07 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7th 1907

I HEREBY CERTIFY, That I attended deceased from May 3d 1907 to May 7th 1907

that I last saw h. im alive on May 7th 1907 9.50

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Coma associated

& Tuberculous Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. J. Pipps M.D.

Address 1874 Division St

Date May 7th 1907

Place of Burial Hebrew Philip Rd Balto Co

Date May 8 1907

Undertaker May Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo H Miles.

{Residence, if in Baltimore, Give Street and Number.} Salisbury, Md C&O

Duration of Residence in Baltimore. Four Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Salisbury Md.

FULL NAME OF FATHER Noah H Miles.

BIRTHPLACE OF FATHER (State or country) Del

MAIDEN NAME OF MOTHER Mariah Leonard.

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F. Bryden

(Address) Md Penitentiary

Filed 5/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to May 3 1907

that I last saw h alive on May 3 1907

and that death occurred, on the date stated above, at 5 55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthysis Pulmonalis

3 months (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Thurdon Coale Jr. M.D.

Address 1808 N. Charles St.

Date May 4 1907

Place of Burial Dorsey Cemy

Date May 5 1907

Undertaker F. C. Weedfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Hold two or three Days

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

(Place of Death.) No. 251 S Eden St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Jennie Soldeas

{Residence, if in Baltimore, Give Street and Number.} 251 S Eden C. 864

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE	years, 2 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Abram Soldeas
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Ida Soldeas
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraim Soldis

(Address) 251 S Eden St

Filed 5/8 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 7 1907 that I last saw h alive on May 7 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fibroid Retro-Enteritis (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) C Jno F Blake M.D.

Address 1123 E Balto

Date May 7 1907

Place of Burial Rosedale Philip Rd. Balto Md.

Date May 8 1907

Undertaker Max Levinson

Address 1620 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2217 Carlton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) A. 865

Full Name Joseph Levi

{Residence, if in Baltimore, Give Street and Number.} 2217 Carlton Ave

Duration of Residence in Baltimore. Fifty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Levi

(Address) 2217 Carlton Av

Filed 5/8 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907.... 12.15

and that death occurred, on the date stated above, at ....A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Sudden (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Hamilton Smith M.D.

Address 1818 N. Chas. St

Date May 7 1907

Place of Burial Balt. Hebrew Cem

Date May 8th 1907

Undertaker David Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0866

City of Baltimore, (No. 2706, York Rd. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. S. Meagher

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: ~ (Month) ~ (Day) ~~1871~~ (Year)

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Meagher

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary C Schaft.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Conductor. W.R.&E.Co.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Meagher

(Address) 2605 Pennsylvania Ave

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 4/30 1907 to 5-7-07 1907

that I last saw him alive on 5-7-07 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) H W Caddas. M. D.

5/7/07 1907 (Address) 1631 Mt Rd.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral DATE OF BURIAL: May 9th 1907

UNDERTAKER: M Tahey & Sons ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

C 460

(Place of Death.) No. 604 Smith St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie M Ackerman

{Residence, if in Baltimore, Give Street and Number.} 604 [redacted] St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	January 23rd 1905
AGE	2 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	William F Ackerman
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Elizabeth A Clifford
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Ackerman

(Address 604 Smith St

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to May 7 1907

that I last saw her alive on May 7 1907

and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Acute Bronchitis

(DURATION) 22 DAYS

(Signed) John E Buell M.D.

Address 647 W Lafayette Ave

Date May 7 1907

Place of Burial St Peters

Date May 9th 1907

Undertaker H Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2323 Maryland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Stack

{Residence, if in Baltimore, Give Street and Number.} 2323 Maryland Ave.

Duration of Residence in Baltimore. 60 yrs.

C.868

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: June 24 1831

AGE: 75 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Patrick Stack

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Johanna

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Contractor & Builder.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John K. Stack

(Address) 1426 E. Chase St.

Filed 5/8/07 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to May 7 1907 that I last saw h[illegible] alive on May 7 1907 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate) Congestion of the Lungs

(DURATION) 1 DAYS

Contributory (Primary) Dilatation of the right ventricle (DURATION) 2 DAYS

(Signed) Cecil E. Stewart M.D.

Address 122 W. 23rd St.

Date May 7 1907

Place of Burial Cathedral Cemetery

Date May 10, 1907

Undertaker W. W. Means & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claiborne Bonney

{ Residence, if in Baltimore, Give Street and Number. } 410 S Eutaw St

Duration of Residence in Baltimore. Life. C. 869

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Wyler

(Address) Md. Penitentiary

Filed 5/8/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to May 5th 1907

that I last saw h[e] alive on May 4 1907,

and that death occurred, on the date stated above, at 9 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ulcer of Stomach

6 months (DURATION) DAYS

Contributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) Theodore Lonsdale M.D.

Address 1808 N. Charles St

Date May 5 1907

Place of Burial Asbury

Date May 8th 1907

Undertaker Wm J G Jackson

Address 1421 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 3042 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jasik

{ Residence, if in Baltimore, Give Street and Number. } 3042 Bolton St.

Duration of Residence in Baltimore. Life. 6870

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 1 year & half

..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Jasik

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Rosa Szczekanski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Jasik (Father)

(Address) 3042 Bolton St.

Filed 5/8 1907

BARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h... alive ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320½ Queen St

Date ..... 190 .....

Place of Burial Holy Rosary

Date May 8th 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. ~~1X~~ 214 E Montgomery St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine A. Armstrong

{ Residence, if in Baltimore, Give Street and Number. } 214 E Montgomery St

Duration of Residence in Baltimore.....

C.S.N.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Indiana (69 yrs in Balto)

FULL NAME OF FATHER: Wm. Burton

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nancy Calvert

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. W Armstrong

(Address) 214 E Montgomery St

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to May 6th 1907

that I last saw her alive on May 6th 1907

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

16 months (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) T J O'Donnell M.D.

Address 1340 S Charles S

Date May 8th 1907

Place of Burial LOUDON PARK

Date MAY 8 - 1907 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Meyer

{Residence, if in Baltimore, Give Street and Number.} #1738 Riverside Ave

C. 872

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: May 26 1856 1

AGE: 50 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Paulus Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mathilda Switzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida P. Meyer

(Address) 1611 Olive St.

Filed 5/8/07 190

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6- 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to May 6 1907 that I last saw h[illegible] alive on May 6 1907, and that death occu[illegible] on the date stated above, at 4.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) DAYS

(Signed) E W White M.D.

Address University Hosp

Date Balto May 6 1907

Place of Burial Mt Carmel

Date May 9. 1907 190

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

tracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall 'di
Physician who attended during his or her last sickness, or the Coroner, when the case co
enty-four hours after death, to the Undertaker, or other person superintending the burial, a c
n be ascertained, the full name, sex, age, condition (whether married or single) of the person d

of Vital Statistics in the City of Baltimore.

shall die in the said city it shall be the duty of
ase comes under his notice, to furnish within
al, a certificate setting forth, as far as the same
rson deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITA

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0873

City of Baltimore, (No. 1714 N. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard P. H. Staub

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 18 1834
(Month) (Day) (Year)

AGE 73 years, 1 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Shepherdstown W Va

FULL NAME OF FATHER Henry Staub

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Boxell

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Attorney

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Staub

(Address) 1714 N Charles St

Filed 5/8 1907

BARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 16th 1907 to May 7th 1907

that I last saw h alive on May 7th 1907,

and that death occurred, on the date stated above, at 1145 A. M. The CAUSE OF DEATH was as follows:

Aortic Insufficiency
with Chronic Nephritis

Last illness (DURATION) 3 ~~MOS~~ DAYS

Contributory Arteriosclerosis

Some yrs (DURATION) DAYS

(Signed) W. S. Lockwood M. D.

May 7th 1907 (Address) 8 E. Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Druid Ridge | DATE OF BURIAL May 9 1907

UNDERTAKER Jas B Cook | ADDRESS 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Buck.

{ Residence, if in Baltimore, Give Street and Number. } 2100 St Paul St.

C.874

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR w

DATE OF BIRTH Jan. 10 1854

AGE 53 years, 3 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Thomas R Suter

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Mary C. Scott

BIRTHPLACE OF MOTHER (State or country) Washington D.C.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Suter

(Address) 2525 N. Calvert St

Filed 5/8/ 1907 HARRY P. ANDREWS, REGISTER OF WILLS.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 28 1907 to May 6 1907 that I last saw h er alive on May 6 1907, and that death occurred, on the date stated above, at 10 55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) 2 yrs. DAYS

(Signed) M. W. Stork M.D.

Address Md. Homoeopathic Hospital

Date May 6. 1907

Place of Burial Druid Ridge Cem

Date May 9 1907

Undertaker Chas E Frames

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICA

(Place of Death.) No. 302 Paine St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Butler

{Residence, if in Baltimore, Give Street and Number.} 302 Paine St

Duration of Residence in Baltimore. 20 years

C875

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colard

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dorchester Co Md

FULL NAME OF FATHER: John Lake

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): Do not know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Butler

(Address) 302 Paine st

Filed 5/8/1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to May 7 1907

that I last saw her alive on May 6 1907

and that death occurred, on the date stated above, at 5.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septic infection following Miscarriage

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Hankins M.D.

Address 202 D. H. Ave

Date May 8 1907

Place of Burial Mont auburn

Date May 9 1907

Undertaker J H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

...acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *forty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGIS...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFI...

CERTIFICATE OF DEATH.

Registered No. B.C. 0876

City of Baltimore, (No. 860, Park ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H Griffin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Perry Griffin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Davis

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Dorsey

(Address) 860 Park ave

Filed 5/8 1907

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ March 2 1907 to March 20 1907

that I last saw h.im alive on March 20 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

Several years (DURATION) ~~Unknown~~

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) E. C Ballard M. D.

May 7 1907 (Address) 162 W Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: May 8 1907

UNDERTAKER: Alex Thursby — ADDRESS: 1728 Boston Bridge

Health Dept. Balto City. This is a case of chronic pulmonary tuberculosis; I have attended at intervals but have not seen since March 20, & he died unattended by physician.
E. C Ballard

OFFICE OF REGISTRAR

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0877

City of Baltimore, (No. 809, Grove St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Reed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White

DATE OF BIRTH: 5 (Month) 2 (Day) 1907 (Year)

AGE: — years, — months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walter Reed

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Bloome

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Reed

(Address) 809 Grove St

Filed May 8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 7. 1907 to May 7. 1907 that I last saw h-im alive on May 7. 1907, and that death occurred, on the date stated above, at 12 — M. The CAUSE OF DEATH was as follows:

Inanition. Premature birth about seven months in Utero

(DURATION) Life DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) D. W. Jones M. D.

May 7. 1907 (Address) 3116 O'Donnell st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Evangelic Cemetery	May 9 1907
UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 N. Carlmon St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Jacob Faupel

{Residence, if in Baltimore, Give Street and Number.} 530 N. Carlmon St.

Duration of Residence in Baltimore. 55 Years. C878

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 7th 1825

AGE: 82 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Sebastian Faupel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Custom Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Faupel

(Address) 532 N. Caroline St.

Filed 5/8 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4th, 1907

I HEREBY CERTIFY, That I attended deceased from April 14th 1907 to May 4th 1907

that I last saw him alive on May 4th 1907, 10 P.M.

and that death occurred, on the date stated above, at 11.55 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Catarrh

or Congestion of the Lungs

due to a Senile Heart

(DURATION) 20 DAYS

Contributory (Primary) Senile Chronic Cystitis and Cystocele

(DURATION) Years

(Signed) Wilmer Brinton M.D.

Address S.W. Cor. Calvert & Preston Sts.

Date May 7th, 1907

Place of Burial Baltimore Cem

Date May 8 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts. 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

enty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. Jud Gen Hospital St. (If occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Meisser Jennie Neisser

{Residence, if in Baltimore, Give Street and Number.} 828 Chesapeake St

Duration of Residence in Baltimore. 36 yrs

C-879

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dec 3rd 1858

AGE 48 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Meisser

(Address) 828 Chesapeake St.

Filed 5/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1907

I HEREBY CERTIFY, That I attended deceased from May 3, 1907 to May 6, 1907 that I last saw her alive on May 6 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Bright's Disease

1 year. (DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) C. B. Longley, M.D.

Address Jud. Gen. Hospital

Date May 6, 1907

Place of Burial Mountain Rest Balto Co Md

Date May 8 1907

Undertaker HENRY SANDER & SONS,
S. E. Cor. Broadway & Balto Sts.
and 1703-1710 Canton Avenue.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0880

City of Baltimore, (No. 1333, Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Edward A Ritchie

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored.

DATE OF BIRTH: April (Month) 27 (Day) 1907 (Year)

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Ritchie

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Barney

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Ritchie

(Address) 1333 Mulberry St

Filed 5/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 7 (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 7 1907

that I last saw h... alive on May 5 1907

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Congestive Chill

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W. W. White M. D.

May 8 1907 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodberry	May 8 1907
UNDERTAKER	ADDRESS
J R A Ellicott	506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

C. 881

(Place of Death.) No. 253 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Levy Hogan

{Residence, if in Baltimore, Give Street and Number.} 253 S. Bethel st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: DEC. 30th 1905	
AGE: 1 years, 4 months, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Levy Hogan	
BIRTHPLACE OF FATHER (State or country): N. Ca.	
MAIDEN NAME OF MOTHER: Ida Jones	
BIRTHPLACE OF MOTHER (State or country): N. Ca.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Hogan

(Address) 255 S. Bethel

Filed 5/8 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6th 1907

I HEREBY CERTIFY, That I attended deceased from April 28 1907 to May 6th 1907 that I last saw him alive on May 4th 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Marasmus

4 months (DURATION) DAYS

(Signed) J. L. Winner M.D.

Address 1735 Bank

Date May 8th 1907

Place of Burial Rahway

Date May 10th 1907

Undertaker Jno. G. Jackson

Address 1424 N. Mellikin St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE

(Place of Death.) No. 2527 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto F. Jaenzlke

{ Residence, if in Baltimore, Give Street and Number. } 2527 Eastern Ave.

Duration of Residence in Baltimore. Life C882

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 25th 1865
AGE	42 years, 6 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Albert Jaenzlke
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Mail Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Nicolaus Mud Law

(Address) 1820 Canton Ave

Filed May 8 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1906 to May 7th 1907

that I last saw h alive on May 7th 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Pulmonary

Tuberculosis (DURATION) DAYS

(Signed) Herman J. Sherwin M.D.

Address 1937 Eastern Ave.

Date May 8th 1907

Place of Burial Loudon Park

Date May 10 1907

Undertaker Wm Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

(Place of Death.) No. City Hospital St. (If occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Brat.

{ Residence, if in Baltimore, Give Street and Number. } Immigrant

Duration of Residence in Baltimore.

C-882

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Cor.

DATE OF BIRTH May 8 " 1881

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED SN

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) 58 Hay - St.

Filed 6/8/07 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 — 1907

I HEREBY CERTIFY, That I attended deceased from Apr 26 1907 to May 8 1907

that I last saw her alive on May 8 1907

and that death occurred, on the date stated above, at 12 Noon

CAUSE OF DEATH (Secondary or Immediate)

Ethanolism & Collapse.

Hyperemesis Gravidarum

(DURATION) 12 14 DAYS

Contributory (Primary.) Pregnancy

(DURATION) 6 wks

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date May 8 1907

Place of Burial 1st Evangelic. Cemetery

Date May 8 " 1907

Undertaker H. Sander & Sons

Address 1510 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate containing, as far forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. Bay View Hospital St. (If Institution, give its Name instead of Street and Number)

Full Name Wm C. Graham

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C-884

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 50 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Mass	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Saloon	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1906 to May 6 1907

that I last saw h in alive on May 6 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chamberlain

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Nomes M.D.

Address Bay View Hosp.

Date May 7 1907

Place of Burial JOHNS HOPKINS HOSPITAL MAY 8 - 1907

Date 190

Undertaker William H Woodfin

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES.

131

CERTIFICATE OF DEATH.

117

(Place of Death.) No. 26 W. cor. Harford Ave & North St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John B. Dippell

{Residence, if in Baltimore, Give Street and Number.} W. cor Harford & North

Duration of Residence in Baltimore. Life C-885

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 42 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Wendell Dippel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Schweitzer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Embalmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John S. Wisbeck

(Address) 330 S. Bond st.

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to May 7 1907

that I last saw him alive on May 7 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Atrophy Cirrhosis Liver

(DURATION) 8 Mo.

Contributory (Primary.) Thrombosis

(DURATION) 2 DAYS

(Signed) G. C. Wells M.D.

Address 1127 Druid Hill Ave

Date 1907

Place of Burial Holy Redeemer

Date May 10th 1907

Undertaker Wendell Dippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0886 Registered No. B C 0886 15

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Inf asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Elizabeth Graves

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Feb 26th 1907
AGE	..... years, 2 months 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from Apr 17 1907 to May 7 1907

that I last saw h er alive on May 6 1907

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E H Haywood M.D.

Address 1230 N Carrollton Ave

Date 5/8 1907

Place of Burial New Cathedral

Date May 8th 1907

Undertaker Martin Dalton & Son

Address 606 Fayette St Cor Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0887 Registered No. B C 0887

151

CERTIFICATE OF DEATH.

Place of Death.) No. St. Vinct. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Smith,

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Mch 16 1907

AGE ..... years, 1 month, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 16 1907 to May 6 1907

that I last saw h.. alive on May 6 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DA

Contributory (Primary.) .....

..... (DURATION) ..... DAY

(Signed) E. W. Hayward M.D

Address 1230 N Caroline

Date 5-/8 1907

Place of Burial New Cathedral

Date May 8th 1907

Undertaker Martin Fahey Sons

Address 101 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0888 Registered No. B C 0888

154

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Thomas

{Residence, if in Baltimore, Give Street and Number.} St Vinct Inf asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Apr. 12 1907
AGE	— years, — months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	L. Cy
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/8/07 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 13 1907 to May 6 1907

that I last saw h. liv alive on May 5 1907

and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Caroline St

Date May 8th 1907

Place of Burial New Cathedral

Date May 8th 1907

Undertaker Martin Fahey & Sons

Address 410 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 0889 Registered No. B C 0889

154

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Mary's Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Albert Edwards

{Residence, if in Baltimore, Give Street and Number.} St Mary's Inf Asylum

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 29 1907

AGE ..... years, 1 month, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to May 7 1907

that I last saw him alive on May 6 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. P. Hayward M.D.

Address 250 N Carey

Date 5/8 1907

Place of Burial New Cathedral

Date May 8 1907

Undertaker Martin Gahan & Son

Address 106 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B C 0890

CERTIFICATE OF DEATH.

(Place of Death.) No. 2022 Mary Anna St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alice May Tuerk

{Residence, if in Baltimore, Give Street and Number.} 2022 Mary Anna.

Duration of Residence in Baltimore Life Time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 8 1878
AGE	29 years, 2 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Joseph A.Burrows.
BIRTHPLACE OF FATHER (State or country)	Washington D.C.
MAIDEN NAME OF MOTHER	Mary E.Burrows.
BIRTHPLACE OF MOTHER (State or country)	Washington D.C.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A.Burrows,

(Address) 2022 Mary Anna St.

Filed May 8 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 6 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 26 190 to May 6 1907 that I last saw her alive on May. 6 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis.

(DURATION) 6 Months

Contributory (Primary) Collapse

(DURATION) 12 hours

(Signed) A.W.Wilson M.D.

Address 1733 Bolton St.

Date May 9. 1907

Place of Burial Western Cemetery.

Date May 10 1907 190

Undertaker Geo.W.Little.

Address 531 N-Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 0891 Registered No. B C 0891

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 139 N. Patterson Park Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thos Clark

{Residence, if in Baltimore, Give Street and Number.} 139 N Patterson Park Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 5th 1907

AGE ..... years, ... months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Edward Clark

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Annie E Dorsey

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Clark

(Address) 139 N. Patterson Park Ave

Filed 5/8 1907 BUREAU OF VITAL STATISTICS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 8 1907

that I last saw him alive on May 7 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurg - 1 (Imperfect) (DURATION) DAYS

Contributory (Primary.) Pulmonary Con- gestion (DURATION) DAYS

(Signed) Chas F Clarke M.D.

Address 1523 E Balto

Date May 8 1907

Place of Burial St Patricks Cem.

Date May 8th 1907

Undertaker Jno A Duncan

Address Bank & Canal Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 0892

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2106 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Grzyminski

{Residence, if in Baltimore, Give Street and Number.} 2106 Eastern ave

Duration of Residence in Baltimore. 6 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Krzeminski

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Helen Wilczak

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Czeminske

(Address) 2106 Eastern ave

Filed May 9th 1901 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1901

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial Holy Rosary

Date May 9 1901

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C 0893

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Cohen

{Residence, if in Baltimore, Give Street and Number.} 388. High st.

Duration of Residence in Baltimore, 9 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 16 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Morris Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Merie Greenberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Williams

(Address) 1426 E Pratt st

Filed May 9 1907 CITY REGISTRAR'S PERMIT CLERK'S Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1907

I HEREBY CERTIFY, That I attended deceased from May 5th 1907 to May 8th 1907 that I last saw him alive on May 8 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Cerebro-Spinal Meningitis (DURATION) 3d DAYS

(Signed) Chas Bagley Jr. M.D.

Address Hebrew Hospital

Date May 8th 1907

Place of Burial Philopolis Rockdale

Date May 9, 1907

Undertaker Mat Lennon

Address 1620 N Eden st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24th C 0894 Registered No. B C 0894

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Marcellus F. Fister

{Residence, if in Baltimore, Give Street and Number.} 133 E. Fort Ave.

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 26th 1872

AGE 35 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ferdinand Fister

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Engineer + Captain Marine

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fister

(Address) 133 N. S. Charles st

Filed 5/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 6 1907

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 6 1907

that I last saw h[illegible] alive on May 6 1907,

and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 19 DAYS

Contributory (Primary.) unknown Unknown

(DURATION) DAYS

(Signed) J. K. Wiley M.D.

Address 429 N. Carey

Date May 8 1907

Place of Burial Holy Cross. R.C. Ca

Date May 10 1907

Undertaker Jos. Stumbles Sr

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 0895 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 3524 Park Heights Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Conrad Dueber

{Residence, if in Baltimore, Give Street and Number.} 3524 Park Heights Ave

Duration of Residence in Baltimore. 54 yrs. C. 0895

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 10 1840

AGE 67 years, 2 months, 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Deuber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Green

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Paint & Hardware Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret Deuber

(Address) 3524 Park Heights Ave

Filed 5/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7. 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to May 7 1907

that I last saw h in alive on May 6 1907,

and that death occurred, on the date stated above at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

5 Month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H London M.D.

Address 1403 W Fayette St

Date May 8 1907

Place of Burial London Park

Date May 9 1907

Undertaker J. B Cook

Address 1003 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 0896 Registered No. B C 0896

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Hannary Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Andrew Pinnell

{ Residence, if in Baltimore, Give Street and Number. } 1007 - Hannary Lane

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH ... 1 ...

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ M

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Pinnell

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie Thomas

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Pinnell

(Address) 1007 Hannary lane

Filed May 9 1907

HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to 1907

that I last saw h... alive on ... 1907,

and that death occurred, on the date stated above, at 7 a

CAUSE OF DEATH (Secondary or Immediate.)

Epilepsy

Acidosis

Paralysis

Sudden

(DURATION) DAYS

Contributory (Primary.) Organic

Heart Disease (DURATION) DAYS

(Signed) E. Irving Jones M.D.

Address

Date May 7 1907

Place of Burial Mt. Auburn

Date May 9 1907

Undertaker Alfred J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), **cause and date of death.**

Ward ..... Registered No. B C 0292

CERTIFICATE OF DEATH.

(Place of Death.) No. 330 Girard av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Catherine Donnelly

{Residence, if in Baltimore, Give Street and Number.} 330 Girard av

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wht

DATE OF BIRTH: Unknown 1843

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edmond Glenn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Sandrigan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Reagan

(Address) 420 Glen Edwards av

Filed 5/9 1907

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 8 1907

that I last saw h.. alive on May 1907,

and that death occurred, on the date stated above, at 10.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease —
Non Valvular —

(DURATION) 5 DAYS

Contributory (Primary.) old age

(DURATION) ..... DAYS

(Signed) Wm J. Watson M.D.

Address 5 W Preston

Date May 9 1907

Place of Burial St Patricks

Date May 11th 1907

Undertaker A F Rhulbin

Address 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16

C 0898

Registered No. B C 0898

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 W. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Liberty

{Residence, if in Baltimore, Give Street and Number.} 102 W Lombard St

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Matthew Quigley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Liberty

(Address) 102 W Lombard St

Filed 5/9 1907

MARY C. ANDERSON
PERMIT CLERK. Registrar

(In Pound)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 20 1907 to May 7 1907

that I last saw h-y alive on May 5 1907,

and that death occurred, on the date stated above, at 10 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Shock following a fall causing a fracture of hip

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John E Conmy M.D.

Address 1302 W Lombard St

Date May 8 1907

Place of Burial St Peters

Date May 10th 1907

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 0899

Ward 7

Registered No. B C 0899

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 W. Montgomery St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry Green

{Residence, if in Baltimore, Give Street and Number.} 509 W. Montgomery St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Lowman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Barney

(Address) 509 W. Montgomery St

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 7 1907

that I last saw him alive on May 6 1907

and that death occurred, on the date stated above, at 4 45 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. Edward Smith M.D.

Address 528 Hanover St

Date 5/9/07 1907

Place of Burial Mt. Auburn Cem.

Date May 9 1907

Undertaker John A. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 0900 Registered No. B C 0900

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Orsey

{ Residence, if in Baltimore, Give Street and Number. } — 650 W Franklin St

Duration of Residence in Baltimore. 4 Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) —

(Address) —

Filed 5/9 1907

BARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 29 1907 to May 7 1907 that I last saw h[im] alive on May 7 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) DAYS

Contributory (Primary) Arteio Sclerosis

Bronchitis (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date May 7 1907

Place of Burial Mt Olivet

Date May 8th 1907

Undertaker John E Hough

Address 1422 Pentz ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 0901 Registered No. B C 0901

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1712 Etting St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robt. Dunmore

{Residence, if in Baltimore, Give Street and Number.} 1712 Etting st

Duration of Residence in Baltimore. Forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Whitewasher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Dunmore

(Address) 1712 Etting St.

Filed 5/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... H. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave (Comm.)

Date May 8th 1907

Place of Burial Nat Cemetery

Date May 9th 1907

Undertaker John E Hough Co

Address 1422 Penn Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 0902 Registered No. B ..... C 0902

CERTIFICATE OF DEATH.

(Place of Death.) No. 1501 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Foley

{ Residence, if in Baltimore, Give Street and Number. } 1501 N. Caroline St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 86 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Francis Foley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Reynolds

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Foley

(Address) 1601 N. Caroline St

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1907

I HEREBY CERTIFY, That I attended deceased from May 4th 1907 to May 7th 1907

that I last saw him alive on May 6th 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Infirmity of age

3 or 4 days

(DURATION) DAYS

Con'tributory (Primary.) Cold

(DURATION) DAYS

(Signed) Jno Brooke Bigelow M.D.

Address 1001 N. Calvert St.

Date May 7th 1907

Place of Burial Cathedral

Date May 10 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 0903 Registered No. B C 0903

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 E. 20½ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hallie Thomas

{Residence, if in Baltimore, Give Street and Number.} 314 20½ St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1——

AGE: 26 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Napoliton Thomas

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Bell Betts

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend

(Address) 314 E 20½ St

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 8 1907 that I last saw h— alive on May 8 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fatigue & Heart from Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Lobular Pneumonia

(DURATION) 7 DAYS

(Signed) J. Guy Thos Bayle M.D.

Address 22 E Lanvale St

Date May 9 1907

Place of Burial Laurel

Date May 9th 1907

Undertaker R. F. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0904

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 0904

City of Baltimore, (No. 1340 N Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Dillon Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September (Month) first (Day) 1849 (Year)

AGE: 57 years, 8 months, 6 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William Dillon

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Eliza

BIRTHPLACE OF MOTHER (State or country): Balto Co. Md

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Dillon

(Address) 1322 N. Fulton

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May seventh (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to May 4 1907

that I last saw h[im] alive on May 4 1907,

and that death occurred, on the date stated above, at 10-30 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis

6 to 8 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) W. H. Sellman M. D.

May 7 1907 (Address) 5 E Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: May 10 1907

UNDERTAKER: Geo Weber

ADDRESS: 115 N. Carey

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 0905 Registered No. B C 0905

CERTIFICATE OF DEATH.

(Place of Death.) No. 2037 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie W. Dukes

{ Residence, if in Baltimore, Give Street and Number. } 2037 E North Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Jan - 3 1875

AGE 32 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jacob P Duffy

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Matilda Richardson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Dukes.

(Address) 2037 E. North ave

Filed 5/9 1907 HARRY C. INDRIS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to Apr 27 1907 that I last saw h.. alive on Apr 27 1907, and that death occurred, on the date stated above, at 5- A.M. CAUSE OF DEATH (Secondary or Immediate

Chronic Nephritis

Uraemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas S. Bishop M.D.

Address 903 N. Eutaw St

Date May 8 1907

Place of Burial Snow Hill Md

Date May 9 1907

Undertaker Wm J Tickner & Son

Address Camden & Pacca

WM. J. C. DULANY CO., BALTIMORE.

Cuttis - Corner Weld. May 8 07

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0906

Registered No. B.....

City of Baltimore, (No. 598 W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leon Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 19 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James L Butler

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rose Cokey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Butler

(Address) 598 W Preston

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8th (Month) ..... (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 14 1907 to May 8 1907 that I last saw h[illegible] alive on May 8 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

About 2 months (DURATION) — DAYS

Contributory ..... (DURATION) — DAYS

(Signed) Chas J Keller M. D.

May 8th 1907 (Address) 222 W Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: May 10 1907

UNDERTAKER: Alex Hennessey | ADDRESS: 57 S W Biddle

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 0907 Registered No. B C 0907

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Yvonne Baulu Mobber

{ Residence, if in Baltimore, Give Street and Number. } Brooklyn — Md

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Cd.

DATE OF BIRTH 1

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sgl.

BIRTHPLACE (State or country) France

FULL NAME OF FATHER Do not know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED .

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 5/9 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 — 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 7 1907

that I last saw h.. alive on May 7 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

2-3 (DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Wm A Dorsey M.D.

Address City Hospital

Date May 8 1907

Place of Burial Cedar Hill Cemetery

Date May 9, 1907.

Undertaker Henry W Maus & Son

Address 705 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — C 0908 — Registered No. B C 0908

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1327. N Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Casey

{Residence, if in Baltimore, Give Street and Number.} 1327. N Central ave

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Mar 20 1837

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Casey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James T Casey

(Address) 1327. N Central ave

Filed 5/9 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Sudden

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fredk Lamond M.D.

Address Corner Ward

Date May 9 — 07 190...

Place of Burial Phillipsburg N. J.

Date May 10 th 1907

Undertaker Edw. C. Simmons

Address ...

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B C 0909

C 0909

CERTIFICATE OF DEATH.

(Place of Death.) No. 1529 Bolton St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nathaniel Henry Hutton

{ Residence, if in Baltimore, Give Street and Number. } 1529 Bolton St

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 16th November 1833

AGE: 73 years, 7 months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: James Hutton

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Salome Rich

BIRTHPLACE OF MOTHER (State or country): Boston Mass

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C.H. Wyatt

(Address) 1529 Bolton St.

Filed 5/9/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to May 8th 1907

that I last saw him alive on May 8th 1907,

and that death occurred, on the date stated above, at 130 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia -

(DURATION) 4 DAYS

Contributory (Primary.) Carcinoma of Oesophagus ~ Known about 7 month (DURATION) DAYS

(Signed) Eugene McWilliams M.D.

Address 200 W. Lafayette Ave

Date May 8th 1907

Place of Burial Greenmount Cem

Date May 10" 1907

Undertaker H. W. Jenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 0910 Registered No. B C 0910

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 Hare St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Crist

{Residence, if in Baltimore, Give Street and Number.} 924 Hare st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1st 1906

AGE 1 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Milter

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Gertrude Crist

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Gertrude Crist

(Address 924 Hare St

Filed 5/9/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Anal Stricture

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Mt Carmel

Date May 9th 1907

Undertaker H. Sander & Sons

Address 1710 Caulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 0911 — Registered No. B C 0911

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles W Ottley

{Residence, if in Baltimore, Give Street and Number.} Atlanta Georgia

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Miss.

FULL NAME OF FATHER Do. not know.

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 5/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from April 11 1907 to May 8 1907

that I last saw him alive on May 8 1907

and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Anaemia

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. V. Richardson M.D.

Address Johns Hopkins Hospital

Date May 9 1907

Place of Burial Atlanta, Ga.

Date May 9, 1907

Undertaker H. W. Mears and Son

Address 105 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 0912 Registered No. B C 0912

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817 Fairmount ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary K. Louthat

{Residence, if in Baltimore, Give Street and Number.} 1817 Fairmount ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 2 1906

AGE: 1 years, 3 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm H. Louthat

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary E. Halpine

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Louthat

(Address) 1817 Fairmount ave

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8th 1907

I HEREBY CERTIFY, That I attended deceased from April 5th 1907 to May 8th 1907

that I last saw h alive on May 8th 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (DURATION) DAYS

Contributory (Primary)

Eclampsia (DURATION) DAYS

(Signed) R. S. Funk M.D.

Address 1610 E. Baltimore St.

Date May 9th 1907

Place of Burial Cathedral Cemetery

Date May 10 1907

Undertaker Wm C. Black

Address 22 N. Luzerne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 0913 — Registered No. B C 0913

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 S Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Kaminski

{Residence, if in Baltimore, Give Street and Number.} 711 S. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.	COLOR: W
DATE OF BIRTH: Sept 1906	
AGE: ..... years, 8 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balt
FULL NAME OF FATHER	William Kaminski
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Victoria Kaminski
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Kaminski.

(Address) 711 S. Dallas St.

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 8 1907

that I last saw h— alive on May 8 1907

and that death occurred, on the date stated above, at 7 P M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Influenza (DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 16 S Broadway

Date May 9 1907

Place of Burial Holy Rosary

Date Friday May 10 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 0914 Registered No. B C 0914

35

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 Jenkins ally St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name McKinley Johnson

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Most of life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER John Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Carrie Johnson.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Carrie Johnson.

(Address) 1120 Jenkins Alley.

Filed 5/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to May 8 1907 that I last saw h in alive on May 8 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Scrofula

(DURATION) 20 DAYS

(Signed) J. D. Johnson M.D.

Address 211 N. Howard

Date May 8th 1907

Place of Burial Mt Auburn Cemetery

Date May 10th 1907

Undertaker Felix B Poe

Address 1026 E Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1X

Registered No. B C 0915

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James M Bodenheimer

{Residence, if in Baltimore, Give Street and Number.} Dobson N.C.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N.C.

FULL NAME OF FATHER Levi L Bodenheimer

BIRTHPLACE OF FATHER (State or country) N.C.

MAIDEN NAME OF MOTHER Nanni Beeson

BIRTHPLACE OF MOTHER (State or country) N.C.

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. L. Bodenheimer

(Address) High Point N.C.

Filed May 10 1907 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 9 1907

that I last saw him alive on May 9 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Aortic Insufficiency

Pulmonary Congestion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. L. Richardson M.D.

Address The Johns Hopkins Hospital

Date May 9 1907

Place of Burial Dobson N. C.

Date MAY 10 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C 0916

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 S. Robinson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James Jenkens

{ Residence, if in Baltimore, Give Street and Number. } 706. S. Robinson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 2 1907

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Richard Jenkins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alice Canton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Jenkins

(Address) 706 Robinson St

Filed May 10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to May 9th 1907

that I last saw him alive on May 9th 1907,

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 1 DAYS

Contributory (Primary.) Convulsions (DURATION) ..... DAYS

(Signed) Ed. V. Athey M.D.

Address 2 Boston Block

Date 1907

Place of Burial Mt Carmel R. R. Co. mod

Date May 10th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 Registered No. B C 0917 160

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry A. Smith

{ Residence, if in Baltimore, Give Street and Number. } 936 W. Fayette st.

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH May 21 1878

AGE 29 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Woodsboro Fred. Co

FULL NAME OF FATHER Calvin P. Smith

BIRTHPLACE OF FATHER (State or country) Woodsboro Fred. Co

MAIDEN NAME OF MOTHER Elizabeth Albaugh

BIRTHPLACE OF MOTHER (State or country) Woodsboro Fred. Co

OCCUPATION OF DECEASED Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Orpha Smith

(Address) 936 W Fayette st

Filed May 10 1907 HARRY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1907

I HEREBY CERTIFY, That I attended deceased from Contd Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Electric Shock & Fractured Skull

(DURATION) 1 DAYS

Contributory (Primary.) Electric Shock

Accident (DURATION) DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Carolina av

Date May 5 1907

Place of Burial Woodsboro Fred. Co Md

Date May 10 th 1907

Undertaker Geo. F. Smith & Co

Address 1000 W Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 0918 Registered No. B C 0918

146

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 Colvin Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Osterman

{ Residence, if in Baltimore, Give Street and Number. } Colvin Place 724

Duration of Residence in Baltimore. Life

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate stating, as far as can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, the ***time and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 8th 1906

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank J. Osterman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emiline S. Tyler

BIRTHPLACE OF MOTHER (State or country) Brooklin New York

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Osterman

(Address) 724 Colvin Place

Filed 5/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to May 8 1907 that I last saw h in alive on May 8 1907, and that death occurred, on the date stated above, at 10½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Rachitis

(DURATION) 33 DAYS

(Signed) John E Hick M.D.

Address 647 N Lafayette Ave

Date May 9 1907

Place of Burial Most Holy Redeemer

Date May 10th 1907

Undertaker George Bent

Address 554 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 C 0919 Registered No. B C 0919 V 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Bricon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Harlung

{ Residence, if in Baltimore, Give Street and Number. } 1013 Bricon St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: May 8 1907	
AGE: — years, — months, 18 hours days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Alexander Starling
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna Keller
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Harlung

(Address) 1013 Bricon St.

Filed 5/10 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 9 1907 that I last saw her alive on May 9 1907, and that death occurred, on the date stated above, at 1x

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 18 hours. DAYS

Contributory (Primary.) Prematurus birth at 5½ mos. fetus

(DURATION) DAYS

(Signed) Robt. G. Liebich M.D.

Address 1315 E. Clarke St.

Date 190

Place of Burial London Park Cem.

Date May 10th 1907

Undertaker Geo Leinbach & Son

Address 687 W Pratt St

WM. J. G. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 0920 Registered No. B C 0920

CERTIFICATE OF DEATH.

(Place of Death.) No. 2023 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Schnader

{ Residence, if in Baltimore, Give Street and Number. } 2023 McElderry st

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Feby 2d 1863

AGE 44 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Dink

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Noppenberger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Schnader

(Address) 2023 McElderry st.

Filed 5/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1907

I HEREBY CERTIFY, That I attended deceased from April 16th 1907 to May 9th 1907 that I last saw her alive on May 8th 1907, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 23 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Snyder M.D.

Address 5 N. Washington Place St.

Date May 9th 1907

Place of Burial Holy Redeemer Cemetery

Date MAY 11 1907 190

Undertaker Germania France

Address Bank & Wolfe sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 0921 — Registered No. B C 0921

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Benj. Thompson.

{ Residence, if in Baltimore, Give Street and Number. } 314 Myrtle ave

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Jan 1st 1859

AGE: 48 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Warfield (Daughter)

(Address) 1635 Forman ct

Filed 5/10 1907 — MARY C. ANDREWS, PERMIT CLERK. Registrar

OL A.D.J.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to May 8th 1907 that I last saw him alive on May 8th 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia (DURATION) 2 DAYS

Contributory (Primary.)

Bone Felon (DURATION) 4 DAYS

(Signed) F. C. Link M.D.

Address 1313 W. North ave

Date May 8th 1907

Place of Burial Mt Olivet Cemetery

Date May 10 1907

Undertaker E R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0922

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0922

City of Baltimore, No. Balto City Jail St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Eastern Shore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/10 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 5 1907 that I last saw her alive on May 5 1907 and that death occurred, on the date stated above, at 7.05 P. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

Meningitis

(DURATION) 6 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Benj. D. Stanton M. D.

May 6 1907 (Address) 1216 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 48 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: May 9 1907

UNDERTAKER: ..... — ADDRESS: Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, City of Baltimore.

C 0923 C 0923

Ward 6 Registered No. B 432

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 N Milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Stupfer

{Residence, if in Baltimore, Give Street and Number.} 208 N Milton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July 14. 1899

AGE 8 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Benedict Stupfer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Amelia Heneman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Benedict Stupfer

(Address) 208 N Milton ave

Filed 5/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to May 8 1907 that I last saw her alive on May 8 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Lobar)

(DURATION) 11 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C Edenberg M.D.

Address 213 Orleans St

Date May 9 1907

Place of Burial Loudon Cemetery

Date May 11 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 12th

C 0924

Registered No. B C 0924

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Harris al- St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Veronica Petrasia

{Residence, if in Baltimore, Give Street and Number.} # 1007 Harris al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: white

DATE OF BIRTH: Apr 17 1904

AGE: 3 years, months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md.

FULL NAME OF FATHER: Joseph Petrasia

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Eva Tat[illegible]

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Petrasia

(Address) 1007 Harris alley

Filed 5/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 9 1907

that I last saw h[illegible] alive on May 9 1907.

and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (DURATION) 10 days

Contributory (Primary.)

Eclampsia (DURATION) — DAYS

(Signed) Wm. J. McAvoy M.D.

Address Wm. J. McAvoy

Date May 10th 1907

Place of Burial Holy Rosary

Date Sunday May 12 1907

Undertaker M. F. Dadowski

Address 703 S. Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B C 0925

C 0925

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosalia Lapolowska

{ Residence, if in Baltimore, Give Street and Number. } Emmigrant

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co.

(Address) 5 S. Gay St

Filed 5/10 1907

HENRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 10 1907

that I last saw h[illegible] alive on May 10 1907

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

8 (DURATION) DAYS

Contributory (Primary.) Grannular

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date May 10 1907

Place of Burial 1st Evangelical Cem.

Date May 10th 1907

Undertaker H. Lander & Son

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C 0926 — Registered No. B C 0926 43 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2025 Woodbury Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Schmid

{Residence, if in Baltimore, Give Street and Number.} 2025 Woodbury Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH June 18 1869

AGE 37 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Chas. LE Bon

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Catherine Keller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J Henry Schmid

(Address) 2025 Woodbury Ave

Filed 5/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from about Jan 1906 to May 8th 1907 that I last saw h-r alive on May 7th 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of left breast (DURATION) about 9.000 DAYS

(Signed) Wm J Reynolds M.D.

Address 29 N Charles St

Date May 8th 1907

Place of Burial Balto Cemetery

Date May 10 1907

Undertaker W S Marshall

Address 5539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C 0927

Registered No. B C 0927

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph S. Neighoff.

{Residence, if in Baltimore, Give Street and Number.} 770 Frederick Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Baltimore Co.

FULL NAME OF FATHER: Jacob Neighoff

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/10 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9 1907

I HEREBY CERTIFY, That I attended deceased from April 29 1907 to May 9 1907

that I last saw h[illegible] alive on May 9 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic epilepsy
Syphilis, Broncho
pneumonia. Cerebro
Hemorrhage (DURATION) DAYS

Con'tributory (Primary.) Uraemia

(DURATION) DAYS

(Signed) R R Konig M.D.

Address Bay View Hospl.

Date May 9 1907

Place of Burial Loudon Park

Date May 12 th 1907

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 0928 — Registered No. B C 0928

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 17 N Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Donnelly

{Residence, if in Baltimore, Give Street and Number.} 17 N Paul St

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 20th 1887
AGE	20 years, — months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Eagan
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Mary Smith
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Eagan

(Address) 116 Washington

Filed 5/10 1907

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 9 1907

that I last saw h[illegible] alive on May 9 1907,

and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) J. C. Wade M.D.

Address 1143 N. Gay

Date 1907

Place of Burial Texas Bapt. Ch. Md.

Date May 11 1907

Undertaker R. Sandusky Sons

Address 1710 Orleans Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0929

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0929

M & Home for the Aged

City of Baltimore, (No. Fulton Av + Franklin St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Jane Mc Wgomery

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: Mar (Month) 5 (Day) 1815 (Year)

AGE: 92 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Harford Co

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: /

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. E. Mcginniss

(Address) Franklin and Fulton

Filed 5/10 1907

HARRY C. [illegible]

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 1 1907 to May 9 1907

that I last saw her alive on May 6 1907,

and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) ..... DAYS

Contributory /

(DURATION) ..... DAYS

(Signed) J. William E Burton M. D.

May 10 1907 (Address) 762 Dol

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 11 1907

UNDERTAKER: Geo J. Smith & Co

ADDRESS: 1000 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 0930 Registered No. B C 0930

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CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie B. Francis

{Residence, if in Baltimore, Give Street and Number.} 1533 Linden ave,

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: April 17th 1875

AGE: 32 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Pennington

BIRTHPLACE OF FATHER (State or country): Cecil co Md

MAIDEN NAME OF MOTHER: Levinia Cowan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert. W Francis

(Address) 2728 St. Paul st

Filed 5/10 1907

CITY C[illegible]
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9th, 1907

I HEREBY CERTIFY, That I attended deceased from May 8th, 1907 to May 9th 1907 that I last saw h[illegible] alive on May 9th 1907 and that death occurred, on the date stated above, at 3:45 P.M. CAUSE OF DEATH (Secondary or Immediate

Septicemia

(Operation for Appendicitis ad 7

(DURATION) 2 DAYS

Contributory (Primary.) Peritonitis

Widespread (DURATION) 7 DAYS

(Signed) H. G. Branham M.D.

Address Franklin Square Hospital

Date May 9th, 1907

Place of Burial Dolphin. Kent. co Md

Date May 11th 1907

Undertaker Georga J. Smith Co

Address 1001 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 0931 Registered No. B C 0931

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 297 N Roland ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Daniel Dietrich

{Residence, if in Baltimore, Give Street and Number.} 297 Roland ave.

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept 20th 1840

AGE 66 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower.

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Johnathan Dietrich

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Elizabeth Shearer

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Stone Mason.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel P. Dietrich

(Address) 1159 Market st. Sunbury Pa.

Filed 5/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (apoplexy)

(DURATION) .... DAYS

Contributory (Primary)

(DURATION) .... DAYS

(Signed) Clinton Leatherman M.D.

Address 1818 N. Chas St

Date May 11 1907

Place of Burial Oak Grove Montour Pa

Date May 11 1907

Undertaker Wm E Shinowitz & son.

Address 719 3½ ave Bolte Ind.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 0932 — Registered No. B C 0932 ✓ 164

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lutz

{Residence, if in Baltimore, Give Street and Number.} 2051 Hanover st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH April 1864

AGE 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Lutz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Blandford

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Lutz brother

(Address) 1408 E Monument st

Filed 5/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from Consultation 1907 to 1907

that I last saw h..... alive on 1907;

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull - coma

and leg (Shock)

(DURATION) 1 DAYS

Contributory (Primary.) accident

fall (DURATION) DAYS

(Signed) Benj. S. Hopkins M.D. Coroner

Address 1216 N. Caroline st

Date May 10 1907

Place of Burial Western

Date May 11th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C 0933 — Registered No. B C 0933

17

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Windenberger

{ Residence, if in Baltimore, Give Street and Number. } 1403 Decatur St.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 20 1879.

AGE 27 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Nicholas Windenberger

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Barbara —

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Bastian (brother in law)

(Address) 1403 Decatur St

Filed 5/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27. 1907

Body found floating May 8. 1907

I HEREBY CERTIFY, That I attended deceased from ~~April~~ 190 to ~~April~~ 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.01 A. M. CAUSE OF DEATH (Secondary or Immediate)

Drowning.

Due to the collapsing of Pier # 8 Locust Point

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Feinhardt M.D.

Address Coroner

Date of May 8 1907

Place of Burial Holy Cross ad Co.

Date May 11th 1907

Undertaker Jos. Stonebreaker

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 — C 0934 — Registered No. B C 0934

179

CERTIFICATE OF DEATH.

(Place of Death.) No. N. E. Cor Charles & Hughes St. 6 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Henry Wanger

{Residence, if in Baltimore, Give Street and Number.} 1127 Race St

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH April 10 1860

AGE 47 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER David Wanger

BIRTHPLACE OF FATHER (State or country) Cambridge Md

MAIDEN NAME OF MOTHER Mary

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Queen

(Address) 1127 Race St

Filed 5/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thos Reinhardt M.D.

Coroner

Address .....

Date May 9. 1907

Place of Burial Mt. Auburn Cem.

Date May 10 1907

Undertaker John H. Toadvin

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. B C 0935

C 0935

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 N Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Diehl.

{Residence, if in Baltimore, Give Street and Number.} 621 N Paca St

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht.

DATE OF BIRTH: July 2nd 1845

AGE: 61 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Diehl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Winters

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa, J. Diehl

(Address) 621, N. Paca St

Filed 5/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to May 8th 1907 that I last saw h[illegible] alive on May 8 1907 and that death occurred, on the date stated above, at 7-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 20 Hours

Contributory (Primary) Arter's Sclerosis

(DURATION) DAYS

(Signed) H. W. Chambers M.D.

Address 18 W Franklin St

Date May 8th 1907

Place of Burial London Park

Date May 12 1907

Undertaker Geo M. Fink

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C 0936

C 0936

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James B. Moore.

{ Residence, if in Baltimore, Give Street and Number. } 821 N Caulton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Richmond Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Street Iron worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address) Lamar Holliday, Supt.

Filed 5/10 1907 JAMES C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 10 1907 that I last saw h alive on May 10 1907, and that death occurred, on the date stated above, at 1.40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage from bowel, Obstruction

(DURATION) DAYS

Con'tributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Vance M.D.

Address Bay View Hospital

Date 190

Place of Burial Mt Olivet Cemetery

Date Friday May 10th 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 0937 — Registered No. B C 0937

CERTIFICATE OF DEATH.

(Place of Death.) No. St Luke's Hospital 116-118 W North Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Hall Kerr.

{ Residence, if in Baltimore, Give Street and Number. } 207 West Lanvale St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	2 / 1
AGE	54 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Andrew ~~Hall~~ Hall
BIRTHPLACE OF FATHER (State or country)	Unknown.
MAIDEN NAME OF MOTHER	Ann Childs Moore
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt H. Smith

(Address) Aberdeen

Filed 5/10 1907 HENRY C. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to May 9th 1907 that I last saw her alive on May 8th 1907, and that death occurred, on the date stated above, at 9 10 A.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Old age, and general ~~disease~~ breaking down of whole system.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. J. Cole, M.D.

Address 1534 Mt Royal Ave,

Date May 9th 1907

Place of Burial Germantown's Md

Date May 10th 1907

Undertaker Henry M Jenkins & Son Co.

Address N. W. Howard & Madison Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14. C 0938 C 0938 Registered No. B ✓

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 William St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Greeley.

{ Residence, if in Baltimore, Give Street and Number. } 1705 William St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Don't know 1
AGE	57 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Greeley (Husband)

(Address) 1705 Wreeden St

Filed 5/10 1907 HENRY C. [illegible] PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....;

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date May 10. 1907

Place of Burial St. Peters cemetery

Date May 11 1907

Undertaker M. J. & M. G. Flynn

Address 420 West St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, or the Undertaker, or other person superintending the burial, a certificate of the particulars required by this ordinance, which can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, the ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate of the particulars required by this ordinance, which can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, the

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0939

Registered No. B

City of Baltimore, (No. German Aged Home St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Mitschke

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 4 1836 (Month) (Day) (Year)
AGE	76 years, 5 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Karl Mitschke
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Marie —
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Zanga

(Address) German Aged Home

Filed 5/11/1907 [illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... May (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1st of May 1907 to 10th of May 1907 that I last saw h.im alive on May 10th 1907, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Retention of urine - Cystitis. Uraemia

(DURATION) 10 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) [illegible] M. D.

May 10 1907 (Address) 1400 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	May 11 1907
UNDERTAKER	ADDRESS
Jos B. Cook	1003 W Balto St

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 4 — C 0940 — Registered No. B C 0940

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Kate V Goethe.

{Residence, if in Baltimore, Give Street and Number.} Greensboro N C.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — — 1864

AGE 43 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ Married

BIRTHPLACE (State or country) —

FULL NAME OF FATHER — McCown.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luit Jole Goethe

(Address) Fort Meyer Va

Filed 5/11 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1907

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to May 9 1907

that I last saw h[illegible] alive on May 9 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs Pneumonia

(DURATION) DAYS

Con'tributory (Primary.) Acute Fibroid Pleurisy

(DURATION) DAYS

(Signed) S. S Stouse M.D.

Address Johns Hopkins Hospital 5/10 1907

Place of Burial Carnville S. C.

Date MAY 11 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 8 C 0941 Registered No. B C 0941

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1602 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B Cotton

{Residence, if in Baltimore, Give Street and Number.} 1602 E Federal

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 10th 1833

AGE 74 years, 2 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Isaac Cotton

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Book Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura A Cotton

(Address) 1602 E. Federal St.

Filed 5/11 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or immediate)

Suicide by Muriatic Acid.

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Frank Cullen M.D.

Address Corner Md

Date May 9-07 190...

Place of Burial Loudon Park Cem.

Date May 12th 1907

Undertaker Jno. H Sons John H. Teufel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 0942 Registered No. B C 0942

CERTIFICATE OF DEATH.

(Place of Death.) No. 965 N Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and No.)

Full Name Mary Hrubi

{Residence, if in Baltimore, Give Street and Number.} 965 N Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — — 1 —

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: James Hrubi

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Anne Nemic

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 965 N Collington Ave

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to May 10 1907

that I last saw h[illegible] alive on May 10 1907

and that death occurred, on the date stated above, at 3.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonic Oedema due to

Addiction in Journey

(DURATION) 2 DAYS

Contributory (Primary.) Rheumatism

Tuberculosis (DURATION) 4 weeks DAYS

(Signed) Chas B Leigh M.D.

Address 1382 Broadway

Date May 10th 1907

Place of Burial Holy Redeemer

Date May 12 1907

Undertaker Frank Leach

Address 1904 Ashland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 0943

154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0943

City of Baltimore, (No. 1513 W. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Middleton.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White.
DATE OF BIRTH	January 6th 1814 (Month) (Day) (Year)
AGE	93 years, 4 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Kennedy
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary Somers
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice D Schilling

(Address) 1513 W Lexington

Filed 5/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to May 9th 1907

that I last saw h alive on May 9 1907; 5.30

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

"Old age".
Gradual decline for 3 months

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. H. Arthur M. D.

May 9 1907 (Address) 1076 W Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	May 11 1907
UNDERTAKER	ADDRESS
Wilbur W Skinner	216 Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

C 0944

Registered No. B C 0944

CERTIFICATE OF DEATH.

(Place of Death.) No. 305 South Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Foreman

{ Residence, if in Baltimore, Give Street and Number. } 305 South Durham St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH: 1834	
AGE: 68 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Charlestown Kent Co Md	
FULL NAME OF FATHER: Not known	
BIRTHPLACE OF FATHER (State or country): ———	
MAIDEN NAME OF MOTHER: ———	
BIRTHPLACE OF MOTHER (State or country): ———	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 305 S Durham st

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7th 1907

I HEREBY CERTIFY, That I attended deceased from May 5th 1907 to May 7 1907

that I last saw her alive on May 6 1907,

and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Kidney Trouble (DURATION) 7 months DAYS

(Signed) A. A. Broadrick M.D.

Address 32 South Broadway

Date May 8th 1907

Place of Burial Woodlawn

Date May 10th 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 0945 — Registered No. B C 0945

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 664 Penn alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward J. Smith

{Residence, if in Baltimore, Give Street and Number.} 664 Penn alley

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1860

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Boot Black

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam C. Brooks

(Address) 664 Penn alley

Filed 5/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 9th 1907 that I last saw him alive on May 8 1907 and that death occurred, on the date stated above, at 6.30 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 5 DAYS

Con'ributory (Primary.)

Bronchitis (DURATION) 90 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date May 9th 1907

Place of Burial Mt Auburn

Date May 11 —— 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 0946 — Registered No. B C 0946

28 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 Donnelly's Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Perry

{Residence, if in Baltimore, Give Street and Number.} 800 Donnelly's Court

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: March 18th 1902

AGE: 6 years, 5 months, 20 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Perry

BIRTHPLACE OF FATHER (State or country): N Carolina

MAIDEN NAME OF MOTHER: Frances Carrants

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Perry

(Address) 800 Donnelly's Court.

Filed 5/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday May 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to May 9th 1907 that I last saw him alive on May 8th 1907, and that death occurred, on the date stated above, at 6.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Gradual (DURATION) DAYS

Contributory (Primary.) Tuberculosis Meningitis Supervened (DURATION) Several DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date May 9th 1907

Place of Burial Mt Olivet Cemetery

Date May 11. 1907

Undertaker R. A. Gallant

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C 0947 *Registered No. B* C 0947

29

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 595 Oxford *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. H. Page.

{ Residence, if in Baltimore, Give Street and Number. } 595 Oxford St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH	1
AGE	2 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto. City
FULL NAME OF FATHER	Alexander Page
BIRTHPLACE OF FATHER (State or country)	V. a
MAIDEN NAME OF MOTHER	Carry Johnson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Page

(Address) 595 Oxford St

Filed 5/11 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 11th 1907

I HEREBY CERTIFY, That I attended deceased from April 1st 190 to May 11th 190

that I last saw h[im] alive on May 4th 190

and that death occurred, on the date stated above, at 5.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) —, DAYS

Contributory (Primary) Pneumonia

Intercurrent (DURATION) 7 DAYS

(Signed) W. J. Carr, Jr. M.D.

Address 515 Mosher St.

Date May 11th 1907

Place of Burial Laurel

Date May 12 1907

Undertaker Alex. H. Gimeley

Address 578 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — C 0948 — Registered No. B C 0948

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. McCormick

{Residence, if in Baltimore, Give Street and Number.} 1816 Canton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 23rd. — 1878
AGE	28 years, 8 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Thomas McCormick
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna McCormick

(Address) 1816 Canton Ave

Filed 5/11 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to May 9th 1907 that I last saw h[illegible] alive on May 9th 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage a Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tubercul[illegible]

(DURATION) DAYS

(Signed) Herman J. Grenine M.D.

Address 1937 Canton Ave

Date May 9th 1907

Place of Burial Holy Redeemer Cemetery

Date May 13th 1907

Undertaker Henry Hoecke Sons

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B C 0949

C 0949

CERTIFICATE OF DEATH.

1724

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ambros Genzic.

{ Residence, if in Baltimore, Give Street and Number. } 1209 Biscoe St.

Duration of Residence in Baltimore. 5 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Dont know.

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria.

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Wodopyr

(Address) 1209 Biscoe St

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1907

Body found floating may 7. 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.01 P. M. CAUSE OF DEATH (Secondary or Immediate)

Drowning due to the collapsing of Pier # 8 Locust Point

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ottomar Eichhardt M.D.

Address Coroner

Date may 10. 1907

Place of Burial CEDAR HILL.

Date MAY 11 1907 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 0950

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0950

City of Baltimore, (No. 19, Stoffland St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Galloway

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 3 1856 (Month) (Day) (Year)
AGE	51 years, 1 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	James Crowder
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary Williams
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Galloway

(Address) 19 Stoffland St.

Filed 5/11 1907 HARRY D. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 30 1907 to May 9 1907 that I last saw h[illegible] alive on May 8 1907, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Sarcoma of Brain (DURATION) 30 DAYS

Contributory Sarcoma of Parotid (DURATION) 2 Years

(Signed) Howard W. Jones M. D.

May 9 1907 (Address) Irving Court

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	May 11 1907
UNDERTAKER	ADDRESS
H. C. Windfield	914 Fremont Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 0951

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0951

City of Baltimore, (No. 1314 Hillman St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Alaysio Burns

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 21 1902 (Month) (Day) (Year)
AGE	5 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Patrick Joseph Burns
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Katherine Toulan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1314 Hillman St.

Filed 5/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	May 10 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to 4 am May 10 1907 that I last saw h alive on May 10 1907, and that death occurred, on the date stated above, at 4 15 m. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Forward C. Worden M. D.

May 10 1907 (Address) 732 S. Frater

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	May 12 1907
UNDERTAKER	ADDRESS
H. C. Weisfeld	914 Gunther

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAL

NO

C

City of Baltimore, (No
[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special information."]

PERSONAL AND

SEX Female

DATE OF BIRTH

AGE 51 years,

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER Ja

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER M

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED De

THE ABOVE STATED PERS
BEST OF MY KNOWLEDG

(Informant) John

(Address) 19

Filed 5/11 190 7

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 0952 — Registered No. B C 0952

166

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Leonhardt

{ Residence, if in Baltimore, Give Street and Number. } 1100 Thames St.

Duration of Residence in Baltimore. 51 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: May 8 1907

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/11 1907 — STATE OF MARYLAND — PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 8th 1907 that I last saw h. m. alive on May 8th 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gunshot Contusion

48 hours

(DURATION) ..... DAYS

Contributory (Primary.) Acute Dysentery

Mitral Incidem (DURATION) ..... DAYS

(Signed) Morton W. Strohmeier M.D.

Address St Josephs Hospital

Date May 10 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 10 1907 190

Commissioner Health.

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

1993

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 0953 Registered No. B C 0953

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Bessie Brown

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH May 2nd 1907

AGE ..... years, ... months, 9 hours, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Bessie Brown.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3rd 1907

I HEREBY CERTIFY, That I attended deceased from May 2nd 1907 to May 3rd 1907 that I last saw him alive on May 3rd 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.
7 mo. foetus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date May 3rd 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 10 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

133

C 0954

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 0954

City of Baltimore, (No. 1606 Linden Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Pechin Ingle

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. (Month) 18 (Day) 1828 (Year)
AGE	79 years, 3 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Wash. D. C.
FULL NAME OF FATHER	Edward Ingle
BIRTHPLACE OF FATHER (State or country)	Alexandria, Va.
MAIDEN NAME OF MOTHER	Julia Pechin
BIRTHPLACE OF MOTHER (State or country)	Baltimore, Md.
OCCUPATION OF DECEASED	Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Ingle

(Address) 1606 Linden Ave.

Filed 5/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1906 to 9 May 1907

that I last saw him alive on 11 May 1907,

and that death occurred, on the date stated above, at 9.25 P. M. The CAUSE OF DEATH was as follows:

Senile decay

From 11 Nov. 1906 (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) C. Fourcie Ingle M. D.

May 9 1907 (Address) 1007 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemet	May 11, 1907
UNDERTAKER	ADDRESS
H. W. Mears & Son	505 N. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 0955

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0955

City of Baltimore, (No. 1109 E. Monument St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Fitzgerald

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 5th 1932 (Month) (Day) (Year)
AGE	75 years, ... months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Arnold

(Address) 1109 E. Monument

Filed 5/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 10 1907 that I last saw h alive on May 9 1907, and that death occurred, on the date stated above, at 2.0 P.M. The CAUSE OF DEATH was as follows:

Hypostatic Pneumonia

(DURATION) 8 DAYS

Contributory Chronic Interstitial Nephritis (DURATION) 2 DAYS

(Signed) Howard Kelly M. D.

May 10 1907 (Address) 202 W Mt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	May 12 1907
UNDERTAKER	ADDRESS
F. B. Hupfeld	

1 Frederick Ave Extd

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 0956

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0956

City of Baltimore, (No. 203 East St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: May (Month) 9th (Day) 1907 (Year)

AGE: 68 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Barry Cooper

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriett Harris

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Charles Jackson

(Address) 203 East St

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 9th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 23rd 1907 to May 9th 1907 that I last saw h[illegible] alive on May 8th 1907, and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Gastritis

(DURATION) 17 DAYS

Contributory Asthenia

(DURATION) 3 DAYS

(Signed) Jane J Bath M. D.

May 10 1907 (Address) 1516 2 Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: May 11th 1907

UNDERTAKER: Wm J Jackson

ADDRESS: 172 Mulliken

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 0957 — Registered No. B C 0957

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 N Gilmor St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna M Dorton

{Residence, if in Baltimore, Give Street and Number.} 521 N Gilmor St

Duration of Residence in Baltimore. 68 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 11 1836

AGE: 70 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Resau

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): 4

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hy. Dorton

(Address) 521 N Gilmor St

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 9 1907 that I last saw h[illegible] alive on May 8 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Sclerosis

—

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 101 Hollins Ave

Date May 10 1907

Place of Burial London Park

Date May 11 1907

Undertaker H. J. Treckenstone

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 Registered No. B C 0958

C 0958

CERTIFICATE OF DEATH.

(Place of Death) No. 722 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rev. Edward Studebaker

{Residence, if in Baltimore, Give Street and Number.} 722 N. Gilmor

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 28 1824

AGE: 82 years, 5 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: Samuel Studebaker

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: Preacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. E. Studebaker Jr

(Address) 722 N. Gilmor

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to May 10th 1907 that I last saw h.. alive on April 10 1907 and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H B Ansaud M.D.

Address 2112 N Charles St

Date May 11" 1907

Place of Burial Bendersville Adams Co. Pa

Date May 12 1907

Undertaker Wm. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 0959 — Registered No. B C 0959 — 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2013 Barclay St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Asa S. Barber

{Residence, if in Baltimore, Give Street and Number.} 2013 Barclay St

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	35 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	New York
FULL NAME OF FATHER	Virgil Barber
BIRTHPLACE OF FATHER (State or country)	New York
MAIDEN NAME OF MOTHER	Alida Scott
BIRTHPLACE OF MOTHER (State or country)	New York
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. S. Hill M.D.

(Address) 667 N. Fayette St

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1907

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to May 9 1907 that I last saw h in alive on May 9 1907, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Anaesthesia

(DURATION) 30 DAYS

(Signed) Wm. S. Hill M.D.

Address 667 N. Fayette St

Date May 10 1907

Place of Burial Baltimore

Date May 12 1907

Undertaker Thos. Cook

Address 1502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0960

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C 0960

City of Baltimore, (No. 710 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Vincent K. Prosser

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 24 1842 (Month) (Day) (Year)
AGE	65 years, 1 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Pennsylvania
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Pennsylvania
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	Toilet Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Prosser

(Address) 710 W. Fayette

Filed 5/11 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to May 10 1907 that I last saw him alive on May 10 1907, and that death occurred, on the date stated above, at 12-15 P. M. The CAUSE OF DEATH was as follows:

Organic disease of heart, Aortic and Mitral valves and Aortic lesions

(DURATION) 2 yrs

Contributory Heart Paralysis

(DURATION) 4 hours

(Signed) L. H. Hoffman M. D.

May 10 1907 (Address) 710 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hagerstown Md	May 13 1907
UNDERTAKER	ADDRESS
Josiah Lyon	160 W. North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — Registered No. B C 0961 / 61

C 0961

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 N. Linn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Love

{ Residence, if in Baltimore, Give Street and Number. } # 419 N. Linn St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 10 1894

AGE: 12 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo F. L. Paul

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Clara Love

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F. L. Paul

(Address) 419 N. Linn St.

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1907

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to May 10th 1907 that I last saw h[illegible] alive on May 9th 1907, and that death occurred, on the date stated above, at 11:50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Epidemic Cerebro Spinal Meningitis, Ins. — Exhaustion

Duration 18 days

Contributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1419 E Eager St

Date May 10th 1907

Place of Burial Baltimore Cemetery

Date May 11 1907

Undertaker Forrah Sisler

Address 1600 W Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 0962 Registered No. B C 0962

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Saml. N. Lusby

{ Residence, if in Baltimore, Give Street and Number. } 609 Conway

Duration of Residence in Baltimore. 9 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 18 1843

AGE 64 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Washington D C

FULL NAME OF FATHER Saml Lusby

BIRTHPLACE OF FATHER (State or country) Washington D C

MAIDEN NAME OF MOTHER Sophia Pawling

BIRTHPLACE OF MOTHER (State or country) Washington D C

OCCUPATION OF DECEASED Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R H Marsden

(Address) 609 N Conway

Filed 5/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to May 11 1907 that I last saw h— alive on May 10 1907, and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) DAYS

Contributory (Primary.) Cancer of Rectum (DURATION) DAYS

(Signed) S. O McKemmie M.D.

Address 602 S. Paca St.

Date May 11 1907

Place of Burial Lorraine Cemetery

Date May 13 1907

Undertaker Robt Pettingill

Address 19 Gay. Valley

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, [illegible]

Ward ..... Registered No. B C 0963

C 0963

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Mooney

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH, May 11 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to May 11 1907 that I last saw h[illegible] alive on May 11 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

Bronchitis Septicemia

Chronic diffused

Interstitis (DURATION) ..... DAYS

Contributory (Primary) Cystitis

Nephritis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 11 1907

Place of Burial Asbury Cemetery

Date May 12th 1907

Undertaker Chas J Bailey

Address 1421 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15 —

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B C 0964

C 0964

81 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2122 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Herzinger

{ Residence, if in Baltimore, Give Street and Number. } 2122 D Md Hill ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 27th 1858

AGE: 48 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Herzinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eliz Butschbay

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Hotel Propt

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Herzinger

(Address) 2122 Druid Hill Ave

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1902 to May 9th 1907 that I last saw him alive on May 9th 1907 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Cerebral hemorrhage

(DURATION) 4 DAYS

Con'ributory (Primary.) Arterio Sclerosis

(DURATION) 15 yrs DAYS

(Signed) F. H. Chambers M.D.

Address 18 W Franklin St

Date May 10 11 1907

Place of Burial Mt Carmel Cem

Date May 13th 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. 6965

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 Linden ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael J. Shannon

{Residence, if in Baltimore, Give Street and Number.} 1102 Linden ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Shannon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Farrell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Shannon

(Address) 1102 Linden Ave

Filed 5/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to April 13th 1907

that I last saw h[illegible] alive on April 13 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Edward Kelly M.D.

Address 248 Eutaw

Date May 11th 1907

Place of Burial New Cathedral

Date May 13th 1907

Undertaker H. Fahey & Sons

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 0966

Registered No. B C 0966

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 E. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wanda Barteski

{ Residence, if in Baltimore, Give Street and Number. } 723 E Bethel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: June 27 " 1906	
AGE: ..... years, 10 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto. Md.	
FULL NAME OF FATHER: Thomas Bartecki.	
BIRTHPLACE OF FATHER (State or country): Germany.	
MAIDEN NAME OF MOTHER: Sophia Butkowski.	
BIRTHPLACE OF MOTHER (State or country): Germany.	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Bartecki.

(Address) 723 E. Bethel St

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 07 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 10 1907

that I last saw h alive on May 10 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Pertussis

(DURATION) 1 DAYS

(Signed) F. L. Blades M.D.

Address 1121 Jackson St

Date May 11 1907

Place of Burial Holy Rosary

Date May 11 1907

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 0967

Registered No. B C 0967

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Bolozynski

{ Residence, if in Baltimore, Give Street and Number. } 902 So. Ann St.

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Warnzen Bolozynski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Don't Know.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Bolozynski.

(Address) 804 S. Glover St.

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 10 1907 that I last saw h-- alive on May 9 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) ..... DAYS

Contributory (Primary.) Chr. Brights Disease (DURATION) 2 yrs DAYS

(Signed) Geo. A. Fleming M.D.

Address St. Joseph's Hosp.

Date May 10 1907

Place of Burial: St Stanislaus -

Date Monday May 13 " 1907

Undertaker M. J. Sadowski.

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 0968 Registered No. B C 0968

93

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julius Davis

{ Residence, if in Baltimore, Give Street and Number. } 358 Davis st

Duration of Residence in Baltimore. 11 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) S. C.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Whitby

(Address) 358 Davis st.

Filed 5/11 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from Coroner 190 to Coroner 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 45 PM. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Vaughan M.D. Coroner

Address 216 N. Caroline

Date May 11, 1907

Place of Burial Laurel

Date May 13 1907

Undertaker R. F. Eckhardt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 0969 — Registered No. B C 0969 — 172

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name James Johnson 6.

{ Residence, if in Baltimore, Give Street and Number. } 611 China St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Dont know

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Johnson 6

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Martha Clark 6.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Whitewasher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Johnson 6.

(Address) 205 N Hamilton St

Filed 5/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27. 1907.

Body found floating May 9. 1907.

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 11.01 A. M. CAUSE OF DEATH (Secondary or Immediate)

Drowning

due to the collapsing of Pier # 8 Locust Point

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date May 11 1907

Place of Burial Mt Auburn

Date May 11 1907

Undertaker Jno H. Treadwell

Address 43 Hillen St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 0970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0970

City of Baltimore, (No. 667 Nine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline Washington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: April (Month) 3 (Day) 1904 (Year)

AGE: 3 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Peter Washington

BIRTHPLACE OF FATHER (State or country): Charleston S. C.

MAIDEN NAME OF MOTHER: Fannie Jenkins

BIRTHPLACE OF MOTHER (State or country): Charleston S. C.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Washington

(Address) 667 Nine St.

Filed 5/11 1907

HENRY C. ENDERS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 10 1907 that I last saw her alive on May 9 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Acute Cerebral Abscess

(DURATION) 7 DAYS

Contributory X

(DURATION) X DAYS

(Signed) V. Van Williams M. D.

May 10 1907 (Address) 701 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 5/12 1907

UNDERTAKER: John H. Toadvine

ADDRESS: 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 0971

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 605, N Eutaw St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward S. Dias

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 28 1860
(Month) (Day) (Year)

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Clarence Dias

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: Lucretia Ames

BIRTHPLACE OF MOTHER (State or country): West Indies

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Dias

(Address) 605 N Eutaw St

Filed 5/11/1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 10th 1907

that I last saw him alive on May 9th 1907,

and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Rupture of Aneurism of Left Pulmonary Artery

(DURATION) DAYS

Contributory

(DURATION) unknown DAYS

(Signed) S Griffith Davis M. D.

May 10th 1907 (Address) 1230 Light St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Lebanon Cemetery

DATE OF BURIAL: MAY 12 1907

UNDERTAKER: Ernest Co.

ADDRESS: 756 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 0972 — Registered No. B 0972

CERTIFICATE OF DEATH.

19 6

(Place of Death.) No. 1059 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Gibbons

{Residence, if in Baltimore, Give Street and Number.} 1059 W. Fayette St

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 3rd 1853

AGE 53 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Princess Ann, Md

FULL NAME OF FATHER John Barkley

BIRTHPLACE OF FATHER (State or country) Princess Ann, Md

MAIDEN NAME OF MOTHER Esther A. Fletcher

BIRTHPLACE OF MOTHER (State or country) Princess Ann, Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Gibbons

(Address) 1059 W. Fayette St

Filed 5/11 1907 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10-07 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to May 10 1907 that I last saw h[illegible] alive on May 9 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis Complicating Cardiac Dilatation

(DURATION) 15 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) Indefinite

(Signed) Henry C. O'Neill M.D.

Address 1203 W. Fayette St

Date May 11 1907

Place of Burial Princess Ann Somerset Co Md

Date May 12 1907

Undertaker Robt Brooks & Son

Address W. S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 F

Registered No. B C 0973 V

125

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josiah Gulick

{ Residence, if in Baltimore, Give Street and Number. } Heathville, Va.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) R. B. Hayes

(Address) University Hospital

Filed May 12 1907 [illegible] Registrar

W. H. C. F.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1907 to May 11, 1907 that I last saw him alive on May 11, 1907, and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia, following Prostatectomy, - Operation on Apr. 8, 1907 -

(DURATION) indefinite DAYS

Contributory (Primary) Hypertrophy of prostate (Malignant) (DURATION) indefinite DAYS

(Signed) R. B. Hayes M.D.

Address University Hospital

Date May 11, 1907

Place of Burial Locust Point Md.

Date May 12 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0974

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0974

Registered No. D .....

City of Baltimore, (No. 224 Albemarle St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Krueger

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 64 years, ... months, ... days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Philip Lopaire

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Lopaire

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Blum

(Address) 224 Albemarle st

Filed May 12 1907 HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1905 to May 10 1907

that I last saw her alive on May 10 1907,

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Pernicious anaemia

(write legibly no abbreviations)

Several years (DURATION) ..... DAYS

Contributory Acute oedema of Lungs (DURATION) 1 DAYS

(Signed) David D. Bruta M. D.

May 11 1907 (Address) 1126 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Philip Nicholas Dale	May 12 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C-0975

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0975

City of Baltimore, (No. 1007 Myrtle Ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Thomas Kugler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 19th (Day) 1837 (Year)

AGE: 69 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Kugler

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: — Summerhine

BIRTHPLACE OF MOTHER (State or country): Nat Germany

OCCUPATION OF DECEASED: Upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Kuglen

(Address) 1007 Myrtle ave.

Filed May 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to May 10th 1907 that I last saw him alive on May 10th 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

ending in uremic Coma

(DURATION) 93 DAYS

Contributory Arteriosclerosis

(DURATION) — DAYS

(Signed) Eugene Douglass M. D.

May 10th 1907 (Address) 830 W. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: May 13th 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 0976 — Registered No. B C 0976

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 820 Hopkins Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Robt. Lowman.

{Residence, if in Baltimore, Give Street and Number.} 820 Hopkins Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 2/21 1864

AGE 51 years, 2 months, 19 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Robt. L. Lowman.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Lumber Master.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie R. Lowman

(Address) 820 N. Hopkins Av.

Filed May 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5/10 190 7

I HEREBY CERTIFY, That I attended deceased from 3/25 190 7 to May 6 190 7

that I last saw him alive on May 6 190 7

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Tuberculosis

Hepatic Cirrhosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) L. B. Conrad M.D.

Address 609 N. Eutaw St.

Date May 12 190 7

Place of Burial Mt. Samuel Cem.

Date 5/12/07 190

Undertaker J. Herwig Son

Address 2008 Allen Av.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 0977

City of Baltimore, (No. 704 N. Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Donohue

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)	
AGE: 84 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: [illegible]	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Livery Stable Keeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Donohue,

(Address) 704 N. Fremont Ave.

Filed May 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch. 1907 to 9 May 1907 that I last saw h im alive on 11 11 1907, and that death occurred, on the date stated above, at 3 15 P. M. The CAUSE OF DEATH was as follows:

Senile decay

Failing-for 2 yrs (DURATION) ..... DAYS

Contributory Diarrhoea

About 1 mo. (DURATION) ..... DAYS

(Signed) J. Fourie Engle M. D.

10 May 1907 (Address) 1007 Lanvale W

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters	May 13 1907
UNDERTAKER	**ADDRESS**
Geo. W. Little,	531 N. Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 0978 Registered No. B C 0978

CERTIFICATE OF DEATH.

(Place of Death.) No. Jane Ave, Irvington St. (Jayne) (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Fitzgerald

{ Residence, if in Baltimore, Give Street and Number. } Jane Ave., Irvington

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 29" 1886

AGE 21 years, 2 months, 12 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Fitzgerald

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Leonard

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Harrison, M.D.

(Address) 1257 E. Broadway

Filed May 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 3 1907 that I last saw her alive on May 9 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Harrison M.D.

Address 1257 E. Broadway

Date May 11 1907

Place of Burial Cathedral Cemetery

Date May 13" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker; or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Balti

Ward 17 — C 0979 — Registered No. B C 0979

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 222 N. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Baker

{ Residence, if in Baltimore, Give Street and Number. } 222 N Pine St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) son Harry Baker

(Address) 222 N Pine St

Filed May 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1907

I HEREBY CERTIFY, That I attended deceased from May 4th 1907 to May 10th 1907

that I last saw him alive on May 10th 1907, 3.15

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(DURATION) 5 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) John T. McCauley M.D.

Address 656 W Franklin St

Date Balto May 11th 1907

Place of Burial Laurel

Date May 12 1907

Undertaker W. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward C 0980 Registered No. B C 0980

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2642 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Price

{ Residence, if in Baltimore, Give Street and Number. } 2642 Hudson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 2 97

AGE ..... years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Price

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Annie Redka

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Price

(Address) 2642 Hudson St.

Filed May 12 1907 Registrar

Recd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to May 11 1907 that I last saw him alive on May 11 1907, and that death occurred, on the date stated above, at 4.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2429 East Ave

Date May 11 1907

Place of Burial St Mary's Cem.

Date May 13" 1907

Undertaker Krudell Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 11 — C 0981 — Registered No. B C 0981

CERTIFICATE OF DEATH.

(Place of Death.) No. 401 East 24th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Clark.

{Residence, if in Baltimore, Give Street and Number.} 401 East 24th St.

Duration of Residence in Baltimore. about 30 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: — 1834	
AGE: 72 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Co
FULL NAME OF FATHER	John Clark
BIRTHPLACE OF FATHER (State or country)	St Marys Co.
MAIDEN NAME OF MOTHER	Eve Ehrhart
BIRTHPLACE OF MOTHER (State or country)	Pa.
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Handley

(Address) E 24th St

Filed May 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	May 10th 1907

I HEREBY CERTIFY, That I attended deceased from April 20th 1907 to May 10th 1907

that I last saw him alive on May 10 1907

and that death occurred, on the date stated above, at 1.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart Disease and Chronic Bronchitis

about 6 mo (DURATION) DAYS

Contributory (Primary.) old age. (DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road.

Date May 10th 1907

Place of Burial St Marys Cemetery

Date May 13 1907

Undertaker E. G. Friedfeld & Co

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10

C 0982

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 0982

Registered No. B.....

City of Baltimore, (No. City Jail St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frisby Gibbs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cornish

(Address) 521 Reese al.

Filed May 11 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 10.15½ 1907 to 10.19½ 1907 that I last saw h[im] alive on May 10 1907, and that death occurred, on the date stated above, at 6 49½ a. m. The CAUSE OF DEATH was as follows:

Legal Execution —

Dislocation of Neck

(DURATION) ..... DAYS

Contributory Asphyxia - Strangulation

a few Moments (DURATION) ..... DAYS

(Signed) Chas. L. Preston M. D.

May 11 1907 (Address) 6 N. Mary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 53 W Biddle St. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt. auburn Cem. DATE OF BURIAL: May 12 1907

UNDERTAKER: John H. Toadvine ADDRESS: 1424 Hill St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPA

Ward 27 C 0983 Registered No. B C 0983

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 Edmonson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Hammond

{Residence, if in Baltimore, Give Street and Number.} 824 Edmonson St

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Colored

DATE OF BIRTH

AGE 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER -

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Junk dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Hammond (Son)

(Address) 422 St Mary's St

Filed May 2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1907.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the Heart & Kidneys

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. McFeinstadt M.D.

Coroner

Address

Date May 10 1907

Place of Burial Laurel Cemetery

Date May 12, 1907

Undertaker John H. Toadvine

Address 172 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HB

Ward 6

Registered No. B C 0984

794

CERTIFICATE OF DEATH.

(Place of Death.) No. Lelifton Park St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis Bodge

{Residence, if in Baltimore, Give Street and Number.} 1505 N. Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH April 12 1886

AGE 16 years, X months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Poet

FULL NAME OF FATHER Henry Bodge

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Elizabeth Bettenbach

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bodge

(Address) 1505 N Washington St

Filed May 13 1907 HARRY C. AMBLER, PERAIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease (Sudden)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fred K Carnell M.D.

Address Corner N & Ash

Date May 10-07 190 .....

Place of Burial May 13 1907

Date Most Holy Redeemer 190 .....

Undertaker E. J. Francis Co

Address 1938. E Lafayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEA

Ward 17

Registered No. B C 0985

CERTIFICATE OF DEATH.

(Place of Death.) No. 679 W Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hester Watkins.

{ Residence, if in Baltimore, Give Street and Number. } 679 W Preston St.

Duration of Residence in Baltimore. 36 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Wilson Joynes

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Eliza Allen

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Magruder

(Address) 513 Eastern Ave

Filed May 13 1907 C. O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1907

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to May 12th 1907

that I last saw h alive on May 11th 1907

and that death occurred, on the date stated above, at 4:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis Dropsy

ut uremia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 1616 W Franklin St

Date May 12th 1907

Place of Burial Brunswick Georgia Cemetery

Date 13th May 1907

Undertaker Solomon & Wright

Address 864 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 0986

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 0986

City of Baltimore, (No. 1668, N. North Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kate Neal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Michael Williams

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Burnett

(Address) 539 Gold St

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 11 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1907 to May 11 1907

that I last saw her alive on May 10 1907,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Nephritis Exhaustion

(DURATION) 2 DAYS

Contributory Nephritis

(DURATION) Five ~~DAYS~~ weeks

(Signed) A. S. Samuels M. D.

May 11 1907 (Address) 2003 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	May 13 1907
UNDERTAKER	ADDRESS
Wm. J. Johnson	814 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 0987 — Registered No. B C 0987

132

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia Kunat

{Residence, if in Baltimore, Give Street and Number.} 1409 Stockholm Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Peter Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kathrein Burger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Field

(Address) 1200 W. Fayette

Filed 5/13 1907 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 12 1907 that I last saw her alive on May 12 1907 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Con'ributory (Primary.) Acute Salpingitis (DURATION) 10 DAYS

Intestinal Obstruction

(Signed) E. A. Richardson M.D.

Address Johns Hopkins Hospital

Date May 12 1907

Place of Burial Loudon Park

Date May 14th 1907

Undertaker John Field

Address 1200 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 0988

Registered No. B C 0988 ✓

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 - Forrest (rear) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Smith

{ Residence, if in Baltimore, Give Street and Number. } 315 - Forrest

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 11 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William L. Smith

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Sophie Miller

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Fields

(Address) 1200 W. Fayette

Filed 5/13 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May - 10th 1907

I HEREBY CERTIFY, That I attended deceased from Coroner to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) DAYS

(Signed) Thos. Jones Coroner M.D.

Address

Date May 12th 1907

Place of Burial Loudon Park

Date May 13th 1907

Undertaker John L. Fields

Address 1200 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Health Department, a certificate setting forth, as far as the same can be ascertained by such Physician or Coroner or other person superintending the burial, a certificate deceased, and the **cause and date of death**, and the **condition** (whether married or single) of the person

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 0989 — Registered No. B C 0989 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lauretta Bowen

{Residence, if in Baltimore, Give Street and Number.} 426 N. Spring St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: W

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Davis

(Address) 426 Spring St

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to May 12 1907

that I last saw her alive on May 12 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

2 mos DAYS (DURATION)

Con'tributory (Primary) Bright's Disease

2 mos DAYS (DURATION)

(Signed) C. K. Horsley M.D.

Address 714 S. Sharp St

Date May 12th 1907

Place of Burial Mt. Auburn

Date May 13th 1907

Undertaker H. L. Browne & Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 0950 Registered No. B C 0950

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A. Immler

{Residence, if in Baltimore, Give Street and Number.} 615 S. Paca St.

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 16 1821
AGE	85 years, 4 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Switzerland
FULL NAME OF FATHER	Chas. A. Immler
BIRTHPLACE OF FATHER (State or country)	Switzerland
MAIDEN NAME OF MOTHER	Mary —
BIRTHPLACE OF MOTHER (State or country)	Switzerland
OCCUPATION OF DECEASED	Piano Tuner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A. Immler

(Address) 615 S. Paca St.

Filed 5/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 30th 1906 to May 11 1907 that I last saw him alive on May 9th 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. W. Hebner M.D.

Address 723 W. Lombard St.

Date May 11th 1907

Place of Burial Loudon Park Cem

Date May 13 1907

Undertaker Jos. Sueden, Jun

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 0991 — Registered No. B C 0991

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 2014 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann. R. Long

{Residence, if in Baltimore, Give Street and Number.} 2014 McElderry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH March 31 1840

AGE 67 years, 1 mon'ts, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER J. Orem

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER E. Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ann R. Long daughter

(Address) 2014 McElderry St

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 11 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to May 11th 1907 that I last saw h er alive on May 11 1907 and that death occurred, on the date stated above, at 1150 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Rheumatic Arthritis

(DURATION) DAYS

Contributory (Primary) Hypostatic Pneumonia (DURATION) DAYS

(Signed) R. S. Kurtz M.D.

Address 1610 E. Baltimore St.

Date May 17th 1907

Place of Burial Druid Ridge Cemetary

Date MAY 13 1907 1907

Undertaker Christian Miller.

Address 2334 Jefferson Street.

W.M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 12th C 0992 Registered No. B C 0992

93

CERTIFICATE OF DEATH.

(Place of Death.) No. On board S. S. Hannover (Locust Point) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tatjana Radinoff

{ Residence, if in Baltimore, Give Street and Number. } Tiflis Russia

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH May 1904

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Tiflis Russia

FULL NAME OF FATHER Ivan Radinoff

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Katherina Titey

BIRTHPLACE OF MOTHER (State or country) Tiflis Russia

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Schultz

(Address) Purs. S. S. Hannover

Filed 5/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12. May 1907

I HEREBY CERTIFY, That I attended deceased from 7. May 1907 to 12. May 1907 that I last saw her alive on 12. May 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

secondary

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Erich Dollenberg M.D.

Address Ships Surgeon S.S. Hannover

Date 12. May 1907

Place of Burial Pt. Evangelist Cem

Date May 13 1907

Undertaker L. Landau & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...Baltimore.

Ward 16 — C 0993 — Registered No. B C 0993

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 Amity St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Isabella P. Hall

{Residence, if in Baltimore, Give Street and Number.} 240 Amity St

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female — COLOR Col

DATE OF BIRTH Oct 28 18 72

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Chas Henson

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm T. Hall

(Address) 240 N Amity St

Filed 5/13 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from April 26 1907 to May 10 1907

that I last saw her alive on May 10 1907

and that death occurred, on the date stated above, at 5.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) 4 DAYS

(Signed) L L Hopkins M.D.

Address 1202 Druid Hill Ave

Date ~~1202 D Hill Ave~~ 1907

Place of Burial Mt Auburn

Date May 13 1907

Undertaker Alfred J Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 0994 Registered No. B C 0994 112

CERTIFICATE OF DEATH.

(Place of Death.) No. 2053 Gaugh St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Lauisa Coleman

{Residence, if in Baltimore, Give Street and Number.} 2053 Gaugh St

Duration of Residence in Baltimore. Dwt of Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Michaels Md

FULL NAME OF FATHER James L Jones

BIRTHPLACE OF FATHER (State or country) Talbot Co Md

MAIDEN NAME OF MOTHER Sallie A Jones

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel T Coleman Husb

(Address) 2053 Gaugh St

Filed 5/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 18th 1907 to May 11th 1907

that I last saw her alive on May 10th 1907,

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Cyhanosis

..... (DURATION) — DAYS

Contributory (Primary.) Cirrhosis of Liver (DURATION) 53 DAYS

(Signed) Wm H. Johnson M.D.

Address 2017 E Baltimore St

Date May 12th 1907

Place of Burial Baltimore. CEMETERY

Date MAY 14 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 0995 Registered No. B C 0995

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 S. Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Smith

{ Residence, if in Baltimore, Give Street and Number. } 112 S Chester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John T Smith

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Amanda Hoyt

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Gas fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith Pr

(Address) 112 S Chester St

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 1907 to May 11th 1907

that I last saw h wife alive on May 10 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis.

(DURATION) DAYS

Contributory (Primary) Pulmonary Hemmorrhage (DURATION) DAYS

(Signed) R. L. Smith M.D.

Address 1610 E. Baltimore St.

Date May 12th 1907

Place of Burial Baltimore. CEMETERY.

Date MAY 14 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 0996 Registered No. B C 0996

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 834 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carlo Landa

{Residence, if in Baltimore, Give Street and Number.} 834 N. Chapel St

Duration of Residence in Baltimore. 19 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Carlo Landa

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbora Landa

(Address) 834 N. Chapel

Filed 5/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1907 to May 11 1907

that I last saw him alive on May 7. 1907

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

(1) Pulmonary Tuberculosis

5 months (DURATION) DAYS

Con'ributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) William J. Kerswell M.D.

Address 2008 Ashland Ave

Date 190

Place of Burial St Alphonsus

Date May 14 1907

Undertaker Frank Brech

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 0997 — Registered No. B C 0997

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CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Anthony Granito

{ Residence, if in Baltimore, Give Street and Number. } 242 S. Eden Street

Duration of Residence in Baltimore. 24 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	27 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Joseph's Hospital

(Address) —

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to May 11 1907

that I last saw h... alive on May 11 1907

and that death occurred, on the date stated above, at 11½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia

(DURATION) DAYS

Contributory (Primary) Sarcoma of arm 6 mo. (DURATION) DAYS

(Signed) Victor F. Cullen M.D.

Address St Josephs Hospital

Date May 12 1907

Place of Burial Mt Auburn Cathedral Cem

Date May 13th 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 0998 Registered No. B C 0998

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Chesapeake St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence L. Donnelly

{ Residence, if in Baltimore, Give Street and Number. } 1009 Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct. 28th 1878

AGE: 28 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James A. Donnelly

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Annie R. Sable

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie R. Donnelly

(Address) 1009 Chesapeake St.

Filed 5/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to May 12 1907 that I last saw h[illegible] alive on May 12 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

2 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Fletcher Hurst M.D.

Address 1605 Chesapeake

Date May 13 1907

Place of Burial New Cathedral Cemetery

Date May 15th 1907

Undertaker Germanus Thanhauser

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 0999

City of Baltimore, (No. 1608, Clifton Place St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard F. Strick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 15 (Month) (Day) 1870 (Year)

AGE: 36 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: August Strick

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Florcke

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Evelyn

(Address) 1610 N. Port Street

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 15, 1907 to May 12 1907

that I last saw him alive on June 11 1906,

and that death occurred, on the date stated above, at 4.30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Several months' (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) R. A. Elwell, M. D.

May 12, 1907 (Address) 1741 Hanover ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 15 1907
UNDERTAKER	ADDRESS
Robt Johnson	E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 1000 Registered No. B C 1000

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 Lorman alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mollie Burley

{Residence, if in Baltimore, Give Street and Number.} 1100 Lorman alley

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1872

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Randolph Burley

(Address) 1100 Lorman al

Filed 5/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 11th 1907

I HEREBY CERTIFY, That I attended deceased from: April 30th 1907 to May 11th 1907

that I last saw her alive on May 10th 1907,

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (DURATION) 30 DAYS

Contributory (Primary) Cardiac Hemiplegia (DURATION) 30 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date May 13th 1907.

Place of Burial Mt. Auburn Cemetery

Date May 13. 1907

Undertaker R. E. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C 1001 — Registered No. B C 1001

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CERTIFICATE OF DEATH.

(Place of Death.) No. 311 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha A. Strong

{Residence, if in Baltimore, Give Street and Number.} 311 N. Gilmor st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Colo

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Nicholas Christopher

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Allinson.

(Address) 311. N Gilmor.

Filed 5/13 1907 — MARY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12, 1907

I HEREBY CERTIFY, That I attended deceased from For many years to May 12, 1907 that I last saw h[illegible] alive on May 12 1907 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from indigestion & non-assimilation

(DURATION) many DAYS

Contributory (Primary.) Chronic Gastritis

of many years (DURATION) ~~DAYS~~

(Signed) John Hood, M.D.

Address 608 N. Gilmor st

Date May 13, 1907

Place of Burial Loudon Park

Date May 15 1907

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 1002 Registered No. B C 1002 47

CERTIFICATE OF DEATH.

(Place of Death.) No. C & O Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellie Dorsey

{ Residence, if in Baltimore, Give Street and Number. } Boadshaw Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR Co.
DATE OF BIRTH 1	
AGE 35 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 5/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to May 12 1907

that I last saw h[illegible] alive on May 12 1907

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Anemia with Chronic

Colitis Carcinoma

of Vagina Uterus. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address C & O Hospital

Date May 13 1907

Place of Burial Boadshaw. Md.

Date May 14 th 1907

Undertaker Jno & Jno Dolan H. Teufel

Address 80 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 1003

Ward 17

C 1003 Registered No. B 17

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A Vaughn 6

{Residence, if in Baltimore, Give Street and Number.} 506 W Lee St

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James P Vaughn 6.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Montgomery 6.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: White washer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Johnson 6

(Address) 205 W Hurrietta St

Filed 7/3/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29. 1907

Body found floating May 11. 07 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11.01 A. M. CAUSE OF DEATH (Secondary or Immediate)

Drowning

due to the collapsing of

Pier # 8 Locust Point

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto Meinhardt M.D.

Coroner

Address

Date May 11. Co. 1907

Dorchester.

Place of Burial Cambridge. Md

Date May 14 1907

Undertaker Jno N. Sanders

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 1364 Registered No. B C 1014 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Fredmon alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Thompson —

{Residence, if in Baltimore, Give Street and Number.} 1110 Fredmon al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Wm Foster

BIRTHPLACE OF FATHER (State or country): W. Indies

MAIDEN NAME OF MOTHER: Mary Mason

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Thompson

(Address) 1110 Goodmanal

Filed 5/13 1907 REGISTRY OF DEATHS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907.

I HEREBY CERTIFY, That I attended deceased from Apr 15 1907 to May 12 1907.

that I last saw her alive on May 11 1907.

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) L. Edw. Smith M.D.

Address 528 Hanover St.

Date 5/13/07 — 190

Place of Burial Mt. Auburn

Date May 14 1907

Undertaker Jno A. Fondren

Address 942 Westfield St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2005

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2005

City of Baltimore, (No. 429 Aisquith St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Birdy Fleming

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March (Month) 9 (Day) 1907 (Year)

AGE ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Birdy Fleming

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 5/13 1907 HENRY C. HOOKER, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 6 1907 to May 9 1907 that I last saw her alive on May 2 1907, and that death occurred, on the date stated above, at 4. P.M. The CAUSE OF DEATH was as follows:

Marasmus

About 4 weeks (DURATION) ..... DAYS

Contributory Flora could not be found that cured a Stool (DURATION) ..... DAYS

(Signed) E. C. Peterson M. D.

May 9 1907 (Address) 1058 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL COLLEGE OF P. & S.

DATE OF BURIAL May 11 1907

UNDERTAKER Commissioner Health.

ADDRESS Locally

W

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **forty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C 1006 Registered No. B C 1006

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Terry

{Residence, if in Baltimore, Give Street and Number.} 1034 Harmony Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 10 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ball Terry

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Annie Terry

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Presstman St

Filed 5/13 1907 MARY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from Coroners 190 to Coroners 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Coed (DURATION) DAYS

(Signed) E. Irvine Jones M.D.

Address Coroners Office

Date May 11th 1907

Place of Burial Mt Olivet

Date May the 13th 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

the Physician who attended [illegible] **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12th C 1007 Registered No. B C 1007

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1244 Riversdale Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Alpheus Freed

{Residence, if in Baltimore, Give Street and Number.} 1244 Riversdale Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 24th 1898

AGE: 8 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Thomas Leo Freed.

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Mary A Egan

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Freed

(Address) 1244 Riversdale ave

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to May 12 1907 that I last saw h[illegible] alive on May 11 1907, and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia
Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Burns M.D.

Address 828 N Carrollton Ave

Date May 12 1907

Place of Burial Cathedral

Date May 15 th 1907

Undertaker Albert F Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1008

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1008

City of Baltimore, (No. Lebanty Road Cemetery Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Charlton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1857 (Month) — (Day) 1857 (Year)

AGE: 50 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Captain Ridgely

(Address) 510 Cathedral St

Filed 5/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 9 1906 to to May 10 1907 that I last saw h[illegible] alive on May 10 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Endocarditis.

36 hours (DURATION) DAYS

Contributory Acute Bronchitis (DURATION) 9 DAYS

(Signed) Wm. Grant M. D.

May 12 1907 (Address) 2109 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 13th 1907

UNDERTAKER: H. Fahey & Son — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 1009 Registered No. B C 1009 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 E. Biddle St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Rafferty

{Residence, if in Baltimore, Give Street and Number.} 905 E. Biddle St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH April 11 1846

AGE 61 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Rafferty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Connors.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Rafferty

(Address) 905 E. Biddle St.

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to May 10 1907 that I last saw h[e] alive on May 10 1907, and that death occurred, on the date stated above, at 11¼ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

10 mos. (DURATION) — DAYS

Contributory (Primary.) age

(DURATION) DAYS

(Signed) Dan'l Streett M.D.

Address 712 Park ave

Date May 12th 1907

Place of Burial Cathedral Cemetery

Date May 14th 1907

Undertaker Evans & Spence

Address 1184 1/2 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 1010

Registered No. B C 1010

CERTIFICATE OF DEATH.

(Place of Death.) No. 1602 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Dombrowski

{ Residence, if in Baltimore, Give Street and Number. } 1602 Lancaster

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 7th 1907

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Anton Dombrowski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Kostancja Rozegowski

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Dombrowski

(Address) 1602 Lancaster St

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to May 12 1907

that I last saw h[illegible] alive on May 12 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus Neonatorum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Whitridge M.D.

Address 1 E. Lanvale

Date May 13 1907

Place of Burial St Stanislaus.

Date Monday May 13" 1907

Undertaker M. F. Sadowski

Address 703 N. Ann St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 1011 Registered No. B C 1011

1082

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno. E. Young.

{Residence, if in Baltimore, Give Street and Number.} 946 W. Fayette St

Duration of Residence in Baltimore. 2 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Nov 12th 1883

AGE: 24 years, 6 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Jacob D. Young

BIRTHPLACE OF FATHER (State or country): Pennsylvania.

MAIDEN NAME OF MOTHER: Laura Fornwall

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carlisa Young

(Address) 946 W. Fayette St

Filed 5/13/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 12 1907 that I last saw h~~im~~ alive on May 12 1907, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) 2 DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address University Hospital

Date May 12 1907

Place of Burial Westminster, Md

Date May 14th 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 17 C 1012 Registered No. B C 1012

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Edmonson av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cathine A Brooke

{Residence, if in Baltimore, Give Street and Number.} 915 Edmonson av

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1[illegible]

AGE 21 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Michael Butler

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Winfred Donovan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J Brooks

(Address) 915 Edmonson av

Filed 5/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Knight

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907

I HEREBY CERTIFY, That I attended deceased from

Apr 19 1907 to May 11 1907

that I last saw h[illegible] alive on May 11 1907,

and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 22 DAYS

Con'ributory (Primary.) Coma

(DURATION) 1/2 DAYS

(Signed) H. E. Knight M.D.

Address 1002 W. Lanvale St

Date May 13th 1907

Place of Burial St. Johns Cemetery

Date May 14th 1907

Undertaker John F Cowan

Address 901 Hillen Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1013

City of Baltimore, (No. 2123 N. Calvert St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna P. Hammond Tarar

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan (Month) 22 (Day) 1857 (Year)

AGE 50 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Alexandria Va -

FULL NAME OF FATHER J. Pinkney Hammond

BIRTHPLACE OF FATHER (State or country) Anapolis, Md -

MAIDEN NAME OF MOTHER Anna Katherine —— ?

BIRTHPLACE OF MOTHER (State or country) Alexandria Va.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Horatio Prague Tarar

(Address) 2123 N. Calvert -

Filed May 14 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to May 1907

that I last saw her alive on May 11 1907,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

10 yrs (DURATION) ..... DAYS

Contributory Uraemia and Pneumonia

(DURATION) 24 DAYS

(Signed) J Adelbecher M. D.

May 12 1907 (Address) 1025 Madison Ave -

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudan Park

DATE OF BURIAL May 14 1907

UNDERTAKER E Madison Mitchell

ADDRESS 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th — Registered No. B C 1014

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minter Jackson

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 2 / 1

AGE: 63 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Alexander

(Address) Marion Md

Filed May 14 1907 HENRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13th 1907

I HEREBY CERTIFY, That I attended deceased from May 9th 1907 to May 13 1907

that I last saw h. alive on May 13 1907

and that death occurred, on the date stated above, at 1.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 36 hrs DAYS

Con'ributory (Primary.) Enlarged Prostate

4 years (DURATION) DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkin Hospital

Date 5/13/07 190

Place of Burial Marion Md

Date MAY 13 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1015

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 1015

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 870 Tyson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Suter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph Suter

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: May McBaughman

BIRTHPLACE OF MOTHER (State or country): St. Mary Co. Md.

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Suter

(Address) 870 Tyson

Filed 5/14/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 12th 1907 to May 13th 1907 that I last saw h[illegible] alive on May 12th 1907, and that death occurred, on the date stated above, at 8.30 A.M. The CAUSE OF DEATH was as follows:

Convulsions probably of digestive origin —

(DURATION) One DAYS

Contributory Improper feeding —

(DURATION) ..... DAYS

(Signed) Chas. J. Keller M. D.

May 13th 1907 (Address) 222 Monument E

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Catholic Cemetery — DATE OF BURIAL: May 16th 1907

UNDERTAKER: [illegible] — ADDRESS: 102 E Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 1016 Registered No. B C 1016

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Tunnon

{Residence, if in Baltimore, Give Street and Number.} 204 Eden Ct.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Richard Owens

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Owens

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/14 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to May 12 1907 that I last saw h[illegible] alive on May 12 1907, and that death occurred, on the date stated above, at 1.10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffused Nephritis, Albuminuria, Anaemia, Oedema of Lungs (DURATION) DAYS

Con'tributory (Primary.) Cirrhosis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date May 13 1907

Place of Burial Mt. Auburn Cem.

Date May 14 1907

Undertaker John H. Toadvine

Address 172 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1017 Registered No. B C 1017

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 Amity St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella May Myers

{Residence, if in Baltimore, Give Street and Number.} 105 Amity St No

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos Myers

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Johnston

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sara Johnson

(Address) 105 Amity st

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from as / Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

1st Pertussis

Pneumonia

3 hrs (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harlan M.D.

Coroner

Address

Date May 14 1907

Place of Burial Laurel Cemetery

Date May 14 1907

Undertaker R E Gilbert

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C 1018 — Registered No. B C 1018

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 Winchester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Parker

{ Residence, if in Baltimore, Give Street and Number. } 1213 Winchester st

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 7 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: — — —	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: James Johnson	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Mary Baker	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mary Baker

(Address 1213 Winchester. st

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 12 1907 that I last saw h[illegible] alive on May 11 1907, and that death occurred, on the date stated above, at 8'40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ... DAYS

Con'tributory (Primary.) Rickets -

(DURATION) ... DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Caroline St

Date May 13 1907.

Place of Burial Mt Auburn cem

Date May 14 1907

Undertaker Wirt-Johnson

Address 614 E Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — C 1019 — Registered No. B C 1019

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 933 McDonough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Hatter

{Residence, if in Baltimore, Give Street and Number.} 933 McDonough St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: John White

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Singleton

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B Pye

(Address) 102 Mulberry St

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to May 12 1907

that I last saw her alive on May 12 1907.

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Bright's disease

(DURATION) 22 DAYS

Contributory (Primary) acute Indigestion

(DURATION) 22 DAYS

(Signed) Dr Glyn Kennard M.D.

Address 708 Eutaw St

Date May 13. 1907

Place of Burial Mt Auburn Cemetery

Date May 14 1907

Undertaker Felix B Pye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1020

City of Baltimore, (No. 138 N. Rose St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME child of Geo A + Etta Freimann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: May (Month) 12 (Day) 1907 (Year)

AGE: ~~Years~~ ~~months~~ One day days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: George Alfred Freiman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Etta S Hopkins

BIRTHPLACE OF MOTHER (State or country): Iowa

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Freimann

(Address) 138 N. Rose St.

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 13th (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to May 13 1907 that I last saw her alive on May 13 1907, and that death occurred, on the date stated above, at 12:30 P.M. The CAUSE OF DEATH was as follows:

Debility due to

Premature birth

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) Fredk J. Wilkens M. D.

May 13 1907. (Address) 2428 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL, OR REMOVAL: Trinity Cem — DATE OF BURIAL: 5/14 1907

UNDERTAKER: J Herwig & Son — ADDRESS: 200 E Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 1021 Registered No. B C 1021

19 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 Railroad Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Wheeler

{ Residence, if in Baltimore, Give Street and Number. } 5 Railroad Ave

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 26th 1834

AGE: 73 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Conn.

FULL NAME OF FATHER: Wm Lusted Wheeler

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Conn.

OCCUPATION OF DECEASED: Cotton Duck Mill Employe

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M. Wheeler

(Address) 5 Railroad Ave

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to May 1907

that I last saw him alive on May 2 1907

and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Patient dead when I arrived but had been notified by the family to that effect.

(DURATION) DAYS

Contributory (Primary)

death at any time

(DURATION) DAYS

(Signed) D H Smith M.D.

Address 206 - 3rd Ave

Date May 12 1907

Place of Burial St. Marys Hampden

Date May 14 1907

Undertaker Horace Burger

Address 363 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

B

C 1022

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1022

City of Baltimore, (No. 209 S. Exeter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lizzie Forman

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 7 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Israac Forman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jennie Milsman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Forman

(Address) 209 S Exeter st

Filed 5/14 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 5/14 1907 to 5/14 1907

that I last saw her alive on 5/14 1907,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Mitral and Aortic stenosis

1 yr - 6 mos. (DURATION) — DAYS

Contributory Pulm. Oedema

2 hrs. (DURATION) DAYS

(Signed) S. E. Katzoff M.D. M. D.

5/14 1907 (Address) 116 N. Smith St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Hebrew Philip Rd Ben Rum

DATE OF BURIAL May 14 1907

UNDERTAKER Max Levinson

ADDRESS 1620 Mc Elderry st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 1023 Registered No. B C 1023

CERTIFICATE OF DEATH.

(Place of Death.) No. 2532 Penna Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Jane Sellman

{Residence, if in Baltimore, Give Street and Number.} 2532 Penna Av

Duration of Residence in Baltimore. 7 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 12th 1907

AGE 72 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Carroll Co. Md

FULL NAME OF FATHER Jacob Wilt

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER — Franklin

BIRTHPLACE OF MOTHER (State or country) Carroll Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida. Sellman

(Address) 2532 Penna ave

Filed 5/14/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to May 12 1907 that I last saw her alive on May 11th 1907 and that death occurred, on the date stated above, at 9:20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis & Senile Debility

~~(DURATION)~~ 7 months ~~DAYS~~

Contributory (Primary.) Cardiac Paralysis

(DURATION) 7 DAYS

(Signed) L. F. Frey M.D.

Address 2466 Druid Hill Ave

Date May 12th 1907

Place of Burial Westminster Md.

Date May 15 1907

Undertaker Josiah Sifer

Address 1600 N. Gilmor St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 1024

City of Baltimore, (No. 918 William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James E Thumlert

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	October 28 1812 (Month) (Day) (Year)
AGE	95 years, 6 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	District of Columbia
FULL NAME OF FATHER	William E. Thumlert
BIRTHPLACE OF FATHER (State or country)	Don't Know
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Don't Know
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Glover

(Address) 918 Williams St

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to May 10 1907 that I last saw him alive on May 10 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Addison C. Fox M. D.

May 14th 1907 (Address) 313 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 14 1907
UNDERTAKER	ADDRESS
H. J. Tuttle & Son	Carey St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 1025 Registered No. B C 1025

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CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Smith

{Residence, if in Baltimore, Give Street and Number.} 650 W Mulberry St.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 27 1868

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co Md.

FULL NAME OF FATHER George Munroe

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Seifh

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Home Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Joseua Smith

(Address) 650 W Mulberry St

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13th 1907

I HEREBY CERTIFY, That I attended deceased from March 20th 1907 to May 13th 1907

that I last saw h er alive on May 13th 1907,

and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Splenic Myelogenous Leukaemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Riggs M.D.

Address 1514 Division St

Date May 13th 1907

Place of Burial Moh Pa

Date May 16 1907

Undertaker Wm Routson

Address 231 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 1026 — Registered No. B C 1026

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 Gough St. — St. (If Deaths occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Krauss

{Residence, if in Baltimore, Give Street and Number.} 1608 Gough St

Duration of Residence in Baltimore. Sixty yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 3rd 1823

AGE: 83 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Weishaupt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Traith

(Address) 1608 Gough St.

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 11 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 11 1907 that I last saw h[illegible] alive on May 1 1907 and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Peritonitis
carcinomatosis

(DURATION) 11 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) C. G. Rinse M.D.

Address 2000 E. Baltimore St

Date May 13 1907

Place of Burial Baltimore Cem

Date May 14 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1027

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.C. 1027

City of Baltimore, (No. 163 W Conway St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Frank

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 22 (Day) 1838 (Year)

AGE: 69 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George J. Frank

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Regina C. Hennaley

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Frank (wife)

(Address) 163 W. Conway St

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 9" 1907 to May 12 1907 that I last saw him alive on May 12 1907, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Hepatic abscess

(DURATION) DAYS

Contributory, Gall Stones.

(DURATION) DAYS

(Signed) Wm. B. McDonald M. D.

May 13 1907 (Address) 305 Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: May 15 1907

UNDERTAKER: C. Schlosman & Son — ADDRESS: 139 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 1028 Registered No. B C 1028

CERTIFICATE OF DEATH.

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(Place of Death.) No. 432 - East 23d St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nelson C. Johnson

{ Residence, if in Baltimore, Give Street and Number. } 432 - East 23d St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	July 1906
AGE	— years, 10 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City Md
FULL NAME OF FATHER	Nelson Johnson
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Josephine Thomas
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Johnson

(Address) 432 E. 23rd St.

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to May 12 1907 that I last saw h[illegible] alive on May 12 1907 and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Schmidt M.D.

Address 424 - East 23 St

Date May 13 1907

Place of Burial Mt. Auburn

Date May 13 1907

Undertaker Chas. Hensler

Address 519 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 1029 — Registered No. B C 1029

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CERTIFICATE OF DEATH.

(Place of Death.) No. University of Md. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Washington Shearman

{Residence, if in Baltimore, Give Street and Number.} Greenwood Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 18, 1837

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jacob Shearman

BIRTHPLACE OF FATHER (State or country) Newjersey

MAIDEN NAME OF MOTHER Mary Ashmore

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion Shearman

(Address) Greenwood Balto. Co.

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from May 2nd 1907 to May 13 1907

that I last saw h[illegible] alive on May 13 1907,

and that death occurred, on the date stated above, at 8[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Dr. Evening

36 hours duration DURATION DAYS

Contributory (Primary.) Neurosis of Retella, Infection of Knee DURATION DAYS

(Signed) H. W. Roberts M.D.

Address University Hospital

Date May 14th 1907

Place of Burial Greenwood, Md.

Date May 16 1907

Undertaker Geo. H. Ridgely

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 1030

Ward 14

Registered No. B C 1030

134

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Watson

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant asylum

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH May 10th 1907

AGE ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/14 1907 ELMER C. ANDREWS Registrar

PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to May 11 1907 that I last saw h[illegible] alive on May 11 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Atelectasis due to bad position at birth

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. St. Hayward M.D.

Address 7230 Conduit

Date 5/12 1907

Place of Burial New Cathedral

Date May 14th 1907

Undertaker Martin Bates & Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B C 1031

CERTIFICATE OF DEATH. C 1031

(Place of Death.) No. St Vincent Inf asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Thomas England

{Residence, if in Baltimore, Give Street and Number.} ~~Lafayette~~ St Vincent Inf asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W
DATE OF BIRTH: Apr 10 1907	
AGE: ..... years, 1 month, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from Apr 13 1907 to May 13 1907 that I last saw h[illegible] alive on May 13 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Attending Physician M.D.

Address 1220 N Carrollton

Date 5-13 1907

Place of Burial New Cathedral

Date May 14th 1907

Undertaker Wm. J. Flanagan Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 1032 Registered No. B C 1032

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1726 Lamont Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Magdalene Seabright

{ Residence, if in Baltimore, Give Street and Number. } 1726 Lamont Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 10th 1832

AGE: 75 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Francis

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Alice White

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Samuel Seabright

(Address) 1726 Lamont Ave

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 13 1907 that I last saw h~~e~~ alive on May 13 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Extinction

(DURATION) 6 DAYS

Contributory (Primary.) Paralysis (DURATION) 8 years ~~DAYS~~

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date May 13, 1907

Place of Burial London park Cemetery

Date May 15th 1907

Undertaker William H. Higdon

Address 851 Lindell ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 1033 Registered No. B C 1033

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 209 Wilson alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mattie Robinson

{Residence, if in Baltimore, Give Street and Number.} 209 Wilson alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH Unknown. 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Unknown.

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown.

OCCUPATION OF DECEASED House duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harvey Robinson

(Address) 209 Wilson ally

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5/12 07 190

I HEREBY CERTIFY, That I attended deceased from 5/12 1907 to 5/12 1907

that I last saw h alive on 5/12 1907

and that death occurred, on the date stated above, at 1455 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency & Pulmonary Congestion.

?

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) L. E. Conradi M.D.

Address 609 W. Franklin.

Date 5/13 07 1907

Place of Burial Mt. Auburn

Date May 15 1907

Undertaker R. F. Eckhardt

Address 506 Regester Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 1034 Registered No. B C 1034 29

CERTIFICATE OF DEATH.

(Place of Death.) No. 2313 Hunters Place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ella Johnson

{ Residence, if in Baltimore, Give Street and Number. } 2313 Hunters Place

Duration of Residence in Baltimore. 7 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH March 1 1887

AGE 20 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Johnson

BIRTHPLACE OF FATHER (State or country) Hagerstown Md

MAIDEN NAME OF MOTHER Kate Saunders

BIRTHPLACE OF MOTHER (State or country) Balto Co. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Kate Johnson

(Address) 2313 Hunters alley

Filed 5/14 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to May 12 1907 that I last saw her alive on May 12 1907, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate) Asthenia or Exhaustion Pure & Simple / Wasted to Nothingness

6 Mo. (DURATION) DAYS

Contributory (Primary.) Tuberculosis of Peritoneum (DURATION) 6 Mo DAYS

(Signed) Houghton Baskett M.D.

Address 2225 Linsford Ave,

Date May 13/07 190

Place of Burial Mt Hebron

Date May 15 — 190 7

Undertaker W. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 1035 Registered No. B C 1035

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 2716 Hampden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo M. Taylor

{Residence, if in Baltimore, Give Street and Number.} 2716 Hampden Ave

Duration of Residence in Baltimore. 80 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 8 1821

AGE: 86 years, ____ months, ____ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Taylor

(Address) 2415 E. Fellerad St

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h alive on ____ 190

and that death occurred, on the date stated above, at 11 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Tubercular Laceration

due to Burns of 1st & 2nd degree

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles Luckman M.D.

Address 1111 N. Eutaw St

Date May 14 1907

Place of Burial Baltimore Cemetery

Date May 15th 1907

Undertaker Wm. M. Gawthrop.

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 1036 Registered No. B C 1036

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 St Paul St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Samuel McClaskey

{Residence, if in Baltimore, Give Street and Number.} 961 N Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June 7th 1846

AGE 60 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel McClaskey

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Henrietta Hannan

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie S McClaskey

(Address) 961 N Wolfe st

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate

Bright's Disease

..... (DURATION) ..... DAY

Contributory (Primary.) .....

..... (DURATION) ..... DAY

(Signed) Jos. E. Carroll M.D.

Address Cor. Mt. & Pres.

Date May 14th 07 190

Place of Burial Baltimore Cemetery

Date May 17th 190

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — C 1037 — Registered No. B C 1037

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 N Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward of Nora Clarkson

{Residence, if in Baltimore, Give Street and Number.} 302 N Chapel

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	B
DATE OF BIRTH	1
AGE	15 Min ; years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Henry Newton
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/14 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 — 190 7

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 30

M. CAUSE OF DEATH (Secondary or Immediate

Premature
Utero Gest. 7 Mo

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Fred K Cummins M.D.

Address Coroners Dept

Date May 13 07 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 14 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

135

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the City of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the same can be ascertained, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **color, birthplace, residence, cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward IV C 1038 Registered No. B C 1038 ✓ 36

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wright

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STA... BEST OF MY ...

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 16. 1906 to May 13. 1907.

that I last saw her alive on May 12, 1907.

and that death occurred, on the date stated above, at ... A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ? DAYS

Con'tributory (Primary.) Syphilitic

Dementia (DURATION) ? DAYS

(Signed) W L Brent

deceased, and the CAUSE AND DATE OF DEATH.

...HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 1039 Registered No. B ..... C 1039

151

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Kerr

{ Residence, if in Baltimore, Give Street and Number. } 126 N Fagg Mans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH 1

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Clayton Negwood

BIRTHPLACE OF FATHER (State or country) ~~Md~~ N. C.

MAIDEN NAME OF MOTHER Bessie Kerr

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/14 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 25 1907 to May 12 1907

that I last saw her alive on May 12 1907

and that death occurred, on the date stated above, at 12 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition —
Hemorrhage from nose

Contributory (Primary.) Pneumonia (DURATION) DAYS

(DURATION) DAYS

(Signed) Wm G. Dorsey M.D.

Address City Hospital

Date May 13 1907

Place of Burial COLLEGE OF P.

Date MAY 14 1907 190

Undertaker Healy's Depot

Address

FOR ANATOMICAL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1 36

Ward 4 Registered No. B C 1040

C 1040

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 104 Diamond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M Degenhardt

{Residence, if in Baltimore, Give Street and Number.} 104 Diamond St.

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 23rd 184X

AGE 62 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Fred. Gebenslaben

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Degenhardt

(Address)

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13th 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 13 1907

that I last saw her alive on May 13 1907

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Valvular Cardiac Disease & Nephritis (DURATION) DAYS

(Signed) M Weinberg M.D.

Address 742 W Fayette St

Date May 14 1907

Place of Burial St Alphonsus Cemetery

Date May 16 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

City of Baltimore.

Ward 10 C 1041 Registered No. B C 1041

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 929 Sterling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Crowe

{Residence, if in Baltimore, Give Street and Number.} 929 Sterling St.

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	48 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Peter Gillen
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ann Duffy
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeremiah Crowe

(Address) 929 Sterling St.

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 31st 1907 to May 11th 1907

that I last saw her alive on May 11th 1907

and that death occurred, on the date stated above, at 2 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonalis

(DURATION) 3½ mos DAYS

Con'tributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Leonard M. C. Parker M.D.

Address 1051 Aisquith St

Date May 13th 1907

Place of Burial Holy Cross Cemetery

Date May 15 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 1042 Registered No. B C 1042

158

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Jackson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Marie McGauley

{Residence, if in Baltimore, Give Street and Number.} 821 Jackson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 3 1907

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jas. J. McGauley

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Goodman

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McGauley

(Address) 821 Jackson St.

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Life (DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Harlan M.D.

Coroner

Address

Date May 14 1907

Place of Burial St. Peters Cem

Date May 14th 1907

Undertaker Chas E. Isaacs

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 1043 Registered No. B C 1043

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 2008 Hudson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Frances

{ Residence, if in Baltimore, Give Street and Number. } 2008 Hudson Alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charles Co Md.

FULL NAME OF FATHER: Richard Mitchell.

BIRTHPLACE OF FATHER (State or country): Chas Co Md.

MAIDEN NAME OF MOTHER: Matilda Jackson.

BIRTHPLACE OF MOTHER (State or country): Chas Co Md.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A Farrell.

(Address) 2008 Hudson Alley.

Filed 5/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

Duration (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Emilie Lieuaman M.D.
Coroner

Address 18 N. Charles

Date May 14 1907

Place of Burial St Peters Cemetery

Date May 16th 1907

Undertaker Selby B Pye.

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 1044 Registered No. B C 1044

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mariah L. Scott

{Residence, if in Baltimore, Give Street and Number.} 530 Bruce St.

Duration of Residence in Baltimore. Twenty-years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 16th October 1877

AGE: 30 years, 6 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Jas. Thompson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Richardson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Scott

(Address) 530 Bruce St.

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 24 DAYS

Con'tributory (Primary.) Colic & Cyst fromic (DURATION) ... DAYS

(Signed) Oscar Baccheim M.D.

Address Two Lop. av. (Corner)

Date May 13th 1907

Place of Burial Mt. Zion Cemetery

Date May 14th 1907

Undertaker Felix B Pye

Address 112 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1045

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1045

City of Baltimore, (No. 5-11, E. Clement St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gillian Hassell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. (Month) 16 (Day) 1906 (Year)

AGE ..... years, 5 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Hassell

BIRTHPLACE OF FATHER (State or country) West Indies

MAIDEN NAME OF MOTHER Julia Gamble

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Hassell.

(Address) 1425 Covington St.

Filed 5/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 22nd 1907 to May 13th 1907

that I last saw her alive on May 12th 1907,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Bronchial pneumonia

(DURATION) 28 DAYS

Contributory Acute Chronic

(DURATION) DAYS

(Signed) Jennie R Bruce M. D.

May 14th 1907 (Address) 1310 St. Charles.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	May 15 1907
UNDERTAKER	**ADDRESS**
Doug M. G. Flynn	42 E West St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 1046 Registered No. B C 1046

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Bauer

{Residence, if in Baltimore, Give Street and Number.} 1541 Orem ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 2d 1851

AGE: 55 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Bauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Hess

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lennie M Bauer

(Address) 1541 Orem Ave

Filed 5/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1907

I HEREBY CERTIFY, That I attended deceased from ...1907... to ...1907...

that I last saw h... alive on ...1907...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemmorhage

other from Im. (DURATION) DAYS

Con'ributory (Primary.) Appendicitis

(DURATION) DAYS

(Signed) Silas Baetzin M.D.

Address 700 Lafayette ave Corner

Date May 13th 1907

Place of Burial Baltimore

Date May 15 1907

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B C 1047 V 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Joseph Hargaul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Engelman

{Residence, if in Baltimore, Give Street and Number.} 506 S Caroline St

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 23 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Louis Dinowitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lina Jackobs

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Engelman

(Address) 506 S Carline st

Filed May 15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12/5

.....M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (acc)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Corner

Date ..... 190 .....

Place of Burial Hebrew Cem in Rd Roosdale

Date May 14, 1907

Undertaker Max Levinson

Address 1620 No Eden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B C 1048

74

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt Drury Reeves

{ Residence, if in Baltimore, Give Street and Number. } Annapolis Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH June 24 1897

AGE 9 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) California

FULL NAME OF FATHER J. M. Reeves

BIRTHPLACE OF FATHER (State or country) Ill.

MAIDEN NAME OF MOTHER Elenor Watkins

BIRTHPLACE OF MOTHER (State or country) California

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J M Reeves

(Address) Annapolis Md

Filed May 15th 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from April 24th 1907 to May 14 1907

that I last saw h alive on May 14 1907

and that death occurred, on the date stated above, at 7.15

M. CAUSE OF DEATH (Secondary or Immediate)

Brain Tumor

(DURATION) DAYS

Contributory (Primary) Operation

(DURATION) DAYS

(Signed) Harvey Cushing M.D.

Address Johns Hopkins Hosp

Date 5/14 1907

Place of Burial Annapolis Md.

Date MAY 15 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. B 1049

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 1549 Gilmor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph Hobbs

{Residence, if in Baltimore, Give Street and Number.} 2328 Penna. Ave

Duration of Residence in Baltimore. Four Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Unknown 1	
AGE: 34 years, ... months, ... days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Benjamin Hobbs	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Catherine Wareham	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Plasterer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Hobbs

(Address) 1549 N. Gilmor

Filed May 15th 190 7 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1907

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Mania E. Pulm

(DURATION) 4 DAYS

Con'ributory (Primary.) Alcoholism

(DURATION) ..... DAYS

(Signed) Silas Bacon M.D.

Address 700 Lafayette Ave. (Penn)

Date May 14th 1907

Place of Burial Emmittsburg Md. Frederick County

Date May 15th 1907

Undertaker Wm Cook

Address 503 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 1 C 1050 Registered No. B C 1050 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Hod. Gen. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mike Degnore

{Residence, if in Baltimore, Give Street and Number.} 44 W. 7 St. Sparrow Point

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hod. Gen. Hospital Wood

(Address)

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorhage

(DURATION) 1 DAYS

Contributory (Primary.) accidental injuries received (Mar. Stat. No.) (DURATION) ..... DAYS

(Signed) Wm Boardman M.D.

Address 700 Log. av. (Canton)

Date May 14th 1907

Place of Burial St Stanislaus

Date MAY 15 1907 190 .....

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 1051 Registered No. B C 1051

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Isaac Hicks -

{ Residence, if in Baltimore, Give Street and Number. } Lawford P.O. Anne Arundel Co 1412. Parrish Alley

Duration of Residence in Baltimore. & Weeks

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1842
AGE	65 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	George Hicks
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irvin Hicks

(Address) 1412. Parrish alley

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May - 13 - 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to May - 13 1907 that I last saw h in alive on May - 13 - 1907, and that death occurred, on the date stated above, at 12 20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cancer of Liver.

(DURATION) 365 DAYS

(Signed) M. W. Shoob M.D.

Address Md Homoeo Hospital

Date May - 13 - 1907

Place of Burial Mt. Auburn Cem

Date May 15th 1907

Undertaker Chas. H. Chase & Co

Address 10 N. Eathonnest

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...PARTMENT, City of Baltimore.

Ward 14 — Registered No. B C 1052

C 1052

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1620 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T Bond

{ Residence, if in Baltimore, Give Street and Number. } 1620 Division St

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1857

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John T. Bond

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Bond

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Bond

(Address) 1620 Division St

Filed 5/15 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 — 1907

I HEREBY CERTIFY, That I attended deceased from March 12 — 1907 to May 14 — 1907 that I last saw him alive on May 13 — 1907, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 72 DAYS

Con'tributory (Primary) Phthisis Pulmonalis about 3 mos

(DURATION) DAYS

(Signed) W J Harris M.D.

Address 1344 Druid Hill Ave

Date May 14 1907

Place of Burial Mt Olivet Cem

Date May 16 1907

Undertaker Sam'l N. Chase Co

Address 101 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, from the notice, to furnish within ***eighteen hours*** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13

Registered No. B C 1053

C 1053

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 738 Reservoir St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McClintock Warwick Jr

{Residence, if in Baltimore, Give Street and Number.} see above

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Dec 11th 1897	
AGE 9 years, 5 months, 3 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Baltimore	
FULL NAME OF FATHER Jas McC Warwick	
BIRTHPLACE OF FATHER (State or country) Virginia	
MAIDEN NAME OF MOTHER Harrison	
BIRTHPLACE OF MOTHER (State or country) Virginia	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward L Robinson

(Address) Eutaw Savings Bank Balto

Filed 5/15 1907

MARY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to May 14 1907

that I last saw him alive on May 14 1907,

and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 25 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Chas E. Sadtler M.D.

Address 1415 Linden Ave

Date May 14th 1907

Place of Burial Lorraine Cemetery

Date May 16th 1907

Undertaker Liston P. Fussellbaugh

Address 510 N. Gay st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 9 C 1054 Registered No. B C 1054

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1308 Chapel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Henry Henderson

{ Residence, if in Baltimore, Give Street and Number. } 1308 Chapel St

Duration of Residence in Baltimore. 18 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 60 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Israel Henderson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): ? —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) daughter

(Address) 1308 N. Chapel St

Filed 5/15 1907

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 11 1907

that I last saw him alive on May 11 1907,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocephalus Cerebral

(DURATION) DAYS

Contributory (Primary.) Old age — Arterio-Sclerosis (DURATION) DAYS

(Signed) Wm. Garrison M.D.

Address 1257 N. Broadway

Date May 14 1907

Place of Burial Smith Whalf King George co Va

Date May 15th 1907

Undertaker R. A. Edelin

Address 506 Rutgers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 1055 — Registered No. B C 1055

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2442 Canton Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Gottschalk

{Residence, if in Baltimore, Give Street and Number.} 2442 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 7 day of May 1907

AGE: ..... years, ... months, 6 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Gottschalk

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Agnes Roberts

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gottschalk

(Address) 2442 Canton ave

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 13 1907

that I last saw him alive on May 11 1907

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (7th mo.)

Life (DURATION) DAYS

Contributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) Chas. A. Keer M.D.

Address 619 S. Patterson Park ave

Date May 13 1907

Place of Burial Holy Redeemer

Date May 15 1907

Undertaker Mundell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 1056 — Registered No. B C 1056

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry C. Patrick

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 4 1879
AGE	27 years, 5 months, 9 days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Charles Patrick
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Fannie Swain
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Patrick (wife)

(Address) No Local address Baltimore Md

Filed 5/15/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to May 13 1907

that I last saw him alive on May 13 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Septicaemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hospital

Date 5/13 1907

Place of Burial Cedar Hill Cemetery

Date MAY 16 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 1057 Registered No. B C 1057

CERTIFICATE OF DEATH.

(Place of Death.) No. Steamer Augusta Chesapeake Bay. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Chesapeake Steamship Co.

Full Name John Miller

{ Residence, if in Baltimore, Give Street and Number. } Baldwin, Balto Co Md.

Duration of Residence in Baltimore. en route.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: may 1832	
AGE: 75 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Pa.
FULL NAME OF FATHER	Moses Miller
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Anna Johnson
BIRTHPLACE OF MOTHER (State or country)	England.
OCCUPATION OF DECEASED	Retired Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hertzler (daughter)

(Address) Baldwin, Balto Co. Md.

Filed 5/15/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH may 14 1907.

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the Heart & Kidneys.

(DURATION) .... DAYS

Contributory (Primary.) ....

(DURATION) .... DAYS

(Signed) H. McLaughlandt M.D.

Coroner

Address ....

Date may 15. 1907.

Place of Burial Baldwin Baltimore Co Md

Date May 15th 1907

Undertaker Stewart-Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C 1058

Registered No. B C 1058 / 61

CERTIFICATE OF DEATH.

(Place of Death.) No 501 Hargrove Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. C. Edwards

{ Residence, if in Baltimore, Give Street and Number. } 501. Hargrove Alley

Duration of Residence in Baltimore Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH 1855

AGE 12 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thos. L. Edwards

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Josephine Bruff

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. L. Edwards Jr.

(Address) 501 Hargrove Alley

Filed 5/15 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday May 15th 1907

I HEREBY CERTIFY, That I attended deceased from May 12th 1907 to Death 1907 that I last saw h.. alive on May 12th 1907, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Duration ... DAYS

Contributory (Primary.) Tuberculosis Spinal

Meningitis (DURATION) 4 DAYS

(Signed) C. C. Black M.D.

Address 607 E. Chase St

Date May 15th 1907

Place of Burial St. Peters Cemetery

Date May 16 1907

Undertaker Felix B. Pyk

Address 102 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2nd

Registered No. B C 1059

C 1059

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 S. Wolf St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry E. Glesner

{Residence, if in Baltimore, Give Street and Number.} 513 S. Wolf St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	May 4th 1906
AGE	1 years, — months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Julius Glesner
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Louisa Schumacher
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Glesner

(Address) 513 S. Wolf St.

Filed 5/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to May 14 1907 that I last saw him alive on May 13 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 2 DAYS

Con'tributory (Primary.) (Acute) Pneumonitis (DURATION) 2 DAYS

(Signed) John H. Rehberger M.D.

Address 1709 Alice Anna St.

Date May 14th 1907

Place of Burial Mount Carmel

Date May 16th 1907

Undertaker W. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 1060 Registered No. B C 1060

CERTIFICATE OF DEATH.

(Place of Death.) No. 877½ W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline M. Cox

{Residence, if in Baltimore, Give Street and Number.} 877½ W. Lombard St

Duration of Residence in Baltimore. 10 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 28 1824

AGE 82 years, 11 months, 16 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) N. J.

FULL NAME OF FATHER Thomas Mulford

BIRTHPLACE OF FATHER (State or country) N. J.

MAIDEN NAME OF MOTHER Lacky B Force

BIRTHPLACE OF MOTHER (State or country) N J

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R D Cox

(Address) 877½ W Lombard St

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from ~~Apr.~~ 26 1907 to May 14 1907 that I last saw h~~e~~r alive on May 14 1907 and that death occurred, on the date stated above, at 7½ P. M. CAUSE OF DEATH (Secondary or Immediate

Paralysis.

(DURATION) 3 DAYS

Contributory (Primary.) Indigestion (Gastritis)

(DURATION) 20 DAYS

(Signed) Edward N London M.D.

Address 1423 N Fayette St

Date May 15 1907

Place of Burial Elizabeth N J

Date May 17 1907

Undertaker J. B. Cook

Address 1003 Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1061

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 1061

Registered No. B.....

City of Baltimore, (No. 30, Brown's Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Puttkammer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb (Month) 28 (Day) 1871 (Year)

AGE 36 years, 2 months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Otto Puttkammer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Valle

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecilia Puttkammer

(Address) 30 Brown Lane

Filed 5/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1907 to May 13, 1907 that I last saw him alive on May 12, 1907, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis

4 yrs. (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

May 14, 1907 (Address) 2186 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	May 16 1907
UNDERTAKER	ADDRESS
Jos B Cook	1003 N Bdle

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 1062 Registered No. B C 1062

159

CERTIFICATE OF DEATH.

(Place of Death.) No. 2619 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Shirley E. Tuck

{Residence, if in Baltimore, Give Street and Number.} 2619 St Paul St.

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 14 1880

AGE: 26 years, 4 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Essex Co Va

FULL NAME OF FATHER: Bennett Tuck

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Virginia A Parker

BIRTHPLACE OF MOTHER (State or country): Essex Co Va

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bennett Tuck

(Address) 2638 N Charles St

Filed 5/15 1907

HARRY C. INDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ..... 9.30

and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate)

Shock & Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Pistol shot through brain (Suicide) (DURATION) ..... DAYS

(Signed) Geo. Lee Lusteracen M.D. Coroner

Address 1818 N. Charles

Date May 13 1907

Place of Burial Loudon Park

Date May 15 1907

Undertaker Jos Block

Address 1003 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 1063 Registered No. B C 1063 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 162 Columbia av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mamie Hirsch

{Residence, if in Baltimore, Give Street and Number.} 162 Columbia av

Duration of Residence in Baltimore. Life

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip Hirsch

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Meyer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 N. Lombard

Filed 5/15/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 13 1907 to May 14 1907 that I last saw h[illegible] alive on May 13 1907, and that death occurred, on the date stated above, at 4 00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Means of toxemia by Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) asthenia & exhaustion (DURATION) 1 DAYS

(Signed) L. E. Krause M.D.

Address 833 Columbia av

Date May 14 1907

Place of Burial Cedar Hill

Date May 15th 1907

Undertaker John Fields

Address 1200 N. Lombard

WM. J. C. DULANY CO., BALTIMORE.

...City of Baltimore.

Ward 17 — C 1064 — Registered No. B C 1064 — 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 2719 Huntington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Goldie May Ford

{Residence, if in Baltimore, Give Street and Number.} 2719 Huntington avenue

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 18 1884

AGE: 22 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Robert Ford

BIRTHPLACE OF FATHER (State or country): Baltimore County Md

MAIDEN NAME OF MOTHER: Mary Booze

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Miss Rand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Ford

(Address) 2719 Huntington Ave

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from Apr 26 1907 to May 14 1907 that I last saw her alive on May 14 1907, and that death occurred, on the date stated above, at 9.40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pericarditis

(DURATION) 20 DAYS

Contributory (Primary.) Rheumatism

2 months (DURATION) DAYS

(Signed) G R Everhart M.D.

Address 100 W 25th St

Date 190

Place of Burial St Mary Hampden

Date May 16 1907

Undertaker Wm E Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 1065 — Registered No. B C 1065 ✓ 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 Washington st Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary C. Swegler

{ Residence, if in Baltimore, Give Street and Number. } 204 Washington st Homestead

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 15th 1903

AGE: 3 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Illegitimate Child Father's Name not given

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Swegler

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Swegler

(Address) 204 Washington st

Filed 5/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 14 1907

that I last saw her alive on May 14 1907

and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Hyong Wathorst M.D.

Address 237 Gorsuch ave

Date May 15 1907

Place of Burial Holy Redeemer Cemetary

Date May 16th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C 1066 Registered No. B

C 1066

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 Edmondson Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles Falconer Davidson

{Residence, if in Baltimore, Give Street and Number.} 1113 Edmondson Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 16th 1845

AGE 62 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Frederick Md.

FULL NAME OF FATHER Chas. H. Davidson

BIRTHPLACE OF FATHER (State or country) Frederick, Md.

MAIDEN NAME OF MOTHER Mary E. Brown

BIRTHPLACE OF MOTHER (State or country) Baltimore.

OCCUPATION OF DECEASED Cashier.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Howard Sykes M.D.

(Address) 539 N Carrollton Ave

Filed 5/15 1907 KATHY C. ANDREWS. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1907

I HEREBY CERTIFY, That I attended deceased from April 26th 1907 to May 14th 1907 that I last saw him alive on May 14th 1907, and that death occurred, on the date stated above, at 10.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Howard Sykes M.D.

Address 539 N. Carrollton Ave

Date May 14th 1907

Place of Burial Green Mount

Date May 16th 1907

Undertaker E M Mitchell

Address 1201 W. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 1067

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43

CERTIFICATE OF DEATH.

C 1067

Registered No. B .....

City of Baltimore, (No. Franklin Square Hospt St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Linda L Reinhardt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 31st (Day) 1851 (Year)

AGE: 56 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Phila Pa

FULL NAME OF FATHER: Thos F Rineck

BIRTHPLACE OF FATHER (State or country): Phila Pa

MAIDEN NAME OF MOTHER: Mary Brady

BIRTHPLACE OF MOTHER (State or country): Phila Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry J Reinhardt

(Address) 2846 Penna ave

Filed 5/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1906 to May 14 1907

that I last saw h[illegible] alive on May 14 1907,

and that death occurred, on the date stated above, at 2 30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma Cancer of Breast

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) James C. Clarke M. D.

May 14 1907 (Address) 1201 Madison Ave

(SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2846 Penna Ave How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: May 16 1907

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 1068 Registered No. B C 1068

81 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 708 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm G Price

{Residence, if in Baltimore, Give Street and Number.} 708 N Carey st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Nov 5th 1846

AGE 60 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Glencoe Balto Co Md

FULL NAME OF FATHER Benjamin R Price

BIRTHPLACE OF FATHER (State or country) Glencoe Balto Co Md

MAIDEN NAME OF MOTHER Ann Matthews

BIRTHPLACE OF MOTHER (State or country) Glencoe Balto Co Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm G. Price

(Address) 708 N. Carey St

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1904 to May 13 1907 that I last saw him alive on May 13 1907, and that death occurred, on the date stated above, at 11.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis Sclerosis

5 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date May 15 1907

Place of Burial London Park

Date May 16th 1907

Undertaker Geo J Smith & Co

Address 1030 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 1069 Registered No. B C 1069

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 Harewood Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Bartholomew Mahoney

{Residence, if in Baltimore, Give Street and Number.} 1026 Harewood Ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Mahoney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Mahoney

(Address) 1026 Harewood Ave

Filed 5/15 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13 1907

I HEREBY CERTIFY, That I attended deceased from January 25 1907 to May 13 1907

that I last saw h— alive on May 10 1907

and that death occurred, on the date stated above, at 12:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) James McPherson M.D.

Address 706 E Chase St

Date May 13 1907

Place of Burial New Cathedral Cemetery

Date May 16th 1907

Undertaker Henry Hooke & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 1070

Ward 17

Registered No. B C 1070

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Crippe

{Residence, if in Baltimore, Give Street and Number.} 1818 Greenmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 26 1852

AGE 54 years, —— months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John T Crippe

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Julia Hodgkins

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Cabinet

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sarah R. Crippe

(Address) 1818 Greenmount Ave Balto

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to May 14 1907

that I last saw h— alive on May 14 1907,

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Heart

(DURATION) ..... DAYS

Contributory (Primary) Lobar Pneumonia

Ch. Nephritis (DURATION) ..... DAYS

(Signed) Chas L Kemp M.D.

Address St Joseph Hospital

Date May 14 1907

Place of Burial Dale Cemetery

Date May 16 1907

Undertaker Tate Brothers

Address 1 Mayfield Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1071

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

34

CERTIFICATE OF DEATH.

C 1071

Registered No. B.....

City of Baltimore, (No. 631, Sterling St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) — Year)

AGE: 5 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John B. Watkins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Bromwell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Watkins

(Address) 631 - Sterling St

Filed 5/15 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to May 13 1907

that I last saw her alive on May 13 1907,

and that death occurred, on the date stated above, at 3 a M. The CAUSE OF DEATH was as follows:

Pulmonary & Peritoneal Tuberculosis (DURATION) 6 mo DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. Grant Holt M. D.

May 15 1907 (Address) 354 N. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt. Lebanon — DATE OF BURIAL: May 15 1907

UNDERTAKER: W. A. Elliott — ADDRESS: 506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after* undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the condition (whether married or single) of the person deceased, and the cause and date of death.

...WEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 1072 — Registered No. B C 1072

CERTIFICATE OF DEATH.

(Place of Death.) No. 2207 mulliken st St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name James Roberts

{Residence, if in Baltimore, Give Street and Number.} 2207 mulliken st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: m | COLOR: Black

DATE OF BIRTH: nov. 10 1903

AGE: 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bal[illegible]

FULL NAME OF FATHER: James Roberts

BIRTHPLACE OF FATHER (State or country): West Virginia

MAIDEN NAME OF MOTHER: Adeline Thomas

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adeline Roberts

(Address) 2207 mulliken st

Filed 5/15/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: may 14 1907

I HEREBY CERTIFY, That I attended deceased from may 5 1907 to may 14 1907

that I last saw h[illegible] alive on 11 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Dean M.D.

Address 156 mutton ave

Date may 14 1907

Place of Burial Laurel Cemetery

Date May 16 1907

Undertaker R. A. Elliott

Address 506 Bryan Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended **twenty-four hours after** can be ascertained, t...

his or her last sickness, or the Coroner, when the ...dertaker, or other person superintending the bu... ...condition (whether married or single) of the p...

...n the case comes under his notice, to furnish within ...he burial, a certificate setting forth, as far as the same ...the person deceased, and the cause and date of death.

C 1073

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1073

City of Baltimore, (No. 608, Eator Ave, St.; 9, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David G. Greer,

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: Wh

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs David G. Greer

(Address) 608 Eator Ave Ward 9

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1906 to May 14th 1907 that I last saw h- alive on Jan 14th 1907, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Brights Disease

5 months (DURATION) DAYS

Contributory —

5 months (DURATION) DAYS

(Signed) Chas E Gaulins M. D.

May 14 1907 (Address) 61 Eator Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: May 16 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E Fayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C 1074 — Registered No. B C 1074 — 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 W Bare. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Mommick

{Residence, if in Baltimore, Give Street and Number.} 705 W Barre St

Duration of Residence in Baltimore. 43 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: —— 1

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Mommick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Wilhelmenia

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Box Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank. Mommick

(Address) 705 W. Barre St

Filed 5/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to May 14 1907 that I last saw him alive on May 13 1907 and that death occurred, on the date stated above, at 6-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Consumption

(DURATION) for ~~Months~~ DAYS

Con'tributory (Primary.) Bright's disease of Kidney (DURATION) 2 years ~~DAYS~~

(Signed) Howard Bruce M.D.

Address 914 McClean

Date May 15 1907

Place of Burial Western Cem.

Date May 16 1907

Undertaker William Boak

Address 1502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 1075 Registered No. B C 1075

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1448 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret M Wheeler

{Residence, if in Baltimore, Give Street and Number.} 1448 Ward St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 6 1906

AGE — years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Wheeler

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ida M Franklin

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret M. Wheeler

(Address) 1448 Ward St

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 14 1907 that I last saw h— alive on May 14 1907, and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Gastro enteritis

(DURATION) 1 DAY

Contributory (Primary) Spasms

3 hrs (DURATION) DAYS

(Signed) Jas. E. Price M.D.

Address 955 Columbia ave

Date May 14 1907

Place of Burial Baltimore Cem

Date May 15 1907

Undertaker Lou Cook

Address 502 E. Hatch ed.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 1076 Registered No. B C 1076

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Harris

{ Residence, if in Baltimore, Give Street and Number. } 112 Chestnut St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH —

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) — — —

OCCUPATION OF DECEASED Rag vender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from Consult 190 to 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at 12

* M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis

(DURATION) — DAYS

(Signed) Benj. S. Hamburger M.D. Coroner

Address 216 N. Carolina St

Date May 10 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 15 1907 190

Undertaker Commissioner of Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

133

HEALTH DEPARTMENT, City of Baltimore.

Ward 31 C 1077 Registered No. B C 1077

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Half moon alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Frances

{Residence, if in Baltimore, Give Street and Number.} 206 Half moon alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8, 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Cancer 190 to 190

that I last saw h — alive on 190, 7-30

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayland Crane M.D.

Address 1216 N. Carolina St

Date May 10 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 15 1907 190

Undertaker Board of Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

132

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 X — C 1078 — Registered No. B C 1078

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Shaw

{ Residence, if in Baltimore, Give Street and Number. } Philadelphia, Pa.

Duration of Residence in Baltimore Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —

AGE: — years, — months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): La.

FULL NAME OF FATHER: Ingnatius Shaw

BIRTHPLACE OF FATHER (State or country): U. S.

MAIDEN NAME OF MOTHER: Mary Cranley

BIRTHPLACE OF MOTHER (State or country): Philad. Pa.

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ingnatius Shaw

(Address) Philadelphia, Pa.

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to — 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Consolidation

(DURATION) — DAYS

Contributory (Primary.) Acute indigestion

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 226 N. Calvert St.

Date May 15 1907

Place of Burial: JOHNS HOPKINS HOSPITAL

Date MAY 15 1907 190—

Undertaker Commissioner of Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

134

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 1079 Registered No. B C 1079

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 Leadenhall St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary J. White

{Residence, if in Baltimore, Give Street and Number.} 910 Leadenhall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1867

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Gibbs

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Larenna Gibbs

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George White

(Address) 910 Leadenhall St

Filed 5/15 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 14 1907 that I last saw her alive on May 13 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 14 DAYS

Con'tributory (Primary.) Stomach

(DURATION) 14 DAYS

(Signed) [illegible] M.D.

Address 912 S Ann St

Date May 16 1907

Place of Burial Laurel Cem

Date May 16 1907

Undertaker Jno. F. Boardman

Address 1011 W. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92 V

CERTIFICATE OF DEATH.

Registered No. B C 1080

City of Baltimore, (No. 926 N. Winnidalley St.; L Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wesley L. Simms

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	May (Month) 14 (Day) 1907 (Year)
AGE	0 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Child
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Wesley L. Simms
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Mary Robin
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Berkley L. Sims

(Address) 906 N. Fulton

Filed 5/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 14 1907 that I last saw h in alive on May 14 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

The result of Bronchio-Pneumonia

2 weeks (DURATION) DAYS

Contributory

Whoopt in (DURATION) DAYS

(Signed) Berkley L. Sims M. D.

May 15 1907 (Address) 906 N. Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	May 17 1907
UNDERTAKER	ADDRESS
Saml. H. Shane & Son	911 N. Gilmore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 1081

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Ellis

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 5-2 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER [illegible]

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed May 16 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 15 1907

that I last saw him alive on May 15 1907,

and that death occurred, on the date stated above, at 12 35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffused Nephritis, Hemiplegia

Cyclema of Lungs

Septicaemia ..... (DURATION) ..... DAYS

Con'ributory (Primary.) Arterio-

Sclerosis ..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 15 1907

Place of Burial Washington D.C.

Date May 18th 1907

Undertaker Edw. Hennessey

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 1082 Registered No. B C 1082 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 772 Lemmon St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William Freeland

{Residence, if in Baltimore, Give Street and Number.} 772 Lemmon St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 84 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Isabella Morell

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Bunday (daughter)

(Address) 772 Walsche St.

Filed 5/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from 1 May 1907 to 14 May 1907

that I last saw h alive on May 14 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 15 DAYS

Con'ributory (Primary.) Heart Failure

(DURATION) 14 DAYS

(Signed) A. F. Firor M.D.

Address 712 S. Ramsay

Date May 14 1907

Place of Burial Mt. Auburn Cem

Date May 16, 1907

Undertaker John H. Toadvine

Address 142 W. Hill St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 1083 Registered No. B C 1083

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2204 Orleans St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Elizabeth Dorcas Emms

{Residence, if in Baltimore, Give Street and Number.} 2204 Orleans St

Duration of Residence in Baltimore 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 8 1856

AGE: 50 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Nelson Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie E Coale

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Emms

Address 2204 Orleans St

Filed 5/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13th 1907.

I HEREBY CERTIFY, That I attended deceased from May 13th 1907 to May 13th 1907

that I last saw her alive on May 13th 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis.

(DURATION) 1 DAYS

Contributory (Primary.) Coma

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St

Date May 13th 1907

Place of Burial Loudon Park Cem

Date May 16 1907

Undertaker H. Allen Fuller

Address 2012 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 1084

Registered No. B C 1084

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clement Castendyk.

{Residence, if in Baltimore, Give Street and Number.} 721 S Durham St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address) Louis Mollyday, Supt.

Filed 5/16 1907

HARRY C. INNES, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to May 15 1907 that I last saw h im alive on May 15 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia
Septicemia

(DURATION) DAYS

Con'tributory (Primary.) Gallstones
of Penis. (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date May 15 1907

Place of Burial Baltimore Cem.

Date May 17 1907

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 1085 — Registered No. B C 1085 — 151

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert L. Brown

{ Residence, if in Baltimore, Give Street and Number. } 3 S Payson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH 1

AGE — years, — months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Harry A LeBrun

BIRTHPLACE OF FATHER (State or country) Balto County Md

MAIDEN NAME OF MOTHER Emma Francis

BIRTHPLACE OF MOTHER (State or country) Balto County Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry A LeBrun

(Address) 3 S Payson St.

Filed May 16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 — 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 26 1907 to May 15 1907 that I last saw h— alive on May 15 1907 and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ingestion

Convulsions

(Duration) 21 Days

Contributory (Primary.) Acute Dilatation

(Duration) Days

(Signed) Chas A. Doney M.D.

Address City Hospitals

Date May 15th 1907

Place of Burial Wright Chapel Balto Co Md

Date May 16th 1907

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B C 1086

C 1086

CERTIFICATE OF DEATH.

(Place of Death.) No. 576 N Gay st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Clammahan

{ Residence, if in Baltimore, Give Street and Number. } ~~Same~~.

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH July 2nd 1828

AGE 78 years, 10 months, 13 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER John Hancock.

BIRTHPLACE OF FATHER (State or country) Deaware

MAIDEN NAME OF MOTHER Mary Hancock

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Clammahan

(Address) 576 N Gay st.

Filed 5/16 1907

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 15 1907 that I last saw h alive on May 14 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senility.

(DURATION) DAYS

Contributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) W. R. Ford. M.D.

Address 202 E. Monument st

Date May 15 1907

Place of Burial Clammahan Chapel Evergreen Co. Md

Date May 17th 1907

Undertaker Easton L. Fuselbaugh

Address 510 N Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 1087 — Registered No. B C 1087

40.

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 N. Eden st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna E. Hochadel

{Residence, if in Baltimore, Give Street and Number.} No 411 N Eden st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: August 2nd 1846

AGE: 60 years, 9 months, 14 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John D Lauster

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth F Roellman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Hochadel

(Address) 411 N Eden st

Filed 5/16 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to May 16th 1907 that I last saw h-r alive on May 16th 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Exhaustion
(asthmias)

(DURATION) 15 DAYS

Contributory (Primary.) Cancer of Liver

(DURATION) one year ~~DAYS~~ 2

(Signed) Wilmer Dinton M.D.

Address S.W. Cor. Calvert & Fremont sts.

Date May 16th. 1907

Place of Burial Baltimore Cemetary

Date May 19th 1907

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1088 Registered No. B C 1088 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 E. Fayette St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Mary A. Talbott

{ Residence, if in Baltimore, Give Street and Number. } 1635 E. Fayette st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Sept 28th 1832
AGE	74 years, 7 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	U.S.
FULL NAME OF FATHER	Wm. M. Phillips
BIRTHPLACE OF FATHER (State or country)	U.S.
MAIDEN NAME OF MOTHER	Abigail D. Corse
BIRTHPLACE OF MOTHER (State or country)	U.S.
OCCUPATION OF DECEASED	retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. Mary

(Address) 1635 E. Fayette St.

Filed 5/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1907

I HEREBY CERTIFY, That I attended deceased from March 9th 1907 to May 14th 1907 that I last saw h alive on May 14th 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 65 DAYS

Contributory (Primary.) Pulmonary Congestion

(DURATION) 1 DAYS

(Signed) Edw M. Sigwald M.D.

Address 5 N. Washington st.

Date May 15th 1907

Place of Burial Baltimore Cemetary

Date May 17th 1907

Undertaker George Schilling & Sons

Address 112 E E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 1089 — Registered No. B C 1089 — 9V

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Beyrd

{Residence, if in Baltimore, Give Street and Number.} 925 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: May 31 1905	
AGE: 1 years, 11 months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: John A Beyrd	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Theresa A Peters	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Beyrd

(Address) 925 Frederick Ave

Filed 5/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 14 1907 that I last saw h alive on May 14 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 1 DAYS

Contributory (Primary.) Nasal Faucial & Laryngeal Diphtheria (DURATION) 1 DAYS

(Signed) Henry S Haber M.D.

Address 1 West Mt. Royal Ave

Date May 16 1907

Place of Burial New Cathederal

Date May 17th 1907

Undertaker C. W. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., Baltimore. 9½ A. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1090

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 1090

City of Baltimore, (No. 2607, Barclay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret L. Blatchley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) (Day) 1906 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Walter Blatchley

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine Kellogg

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Walter Blatchley

(Address) 2607 Barclay St

Filed 5/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May - 13th 1907 to May 14 1907

that I last saw her alive on May 13 1907,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Intestional Hemorrhage

(DURATION) 10 hours ~~DAYS~~

Contributory Unknown

(DURATION) ..... DAYS

(Signed) William G. Reed M. D.

May - 15th 1907 (Address) 2301 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: St Mary Gov — DATE OF BURIAL: May 16 1907

UNDERTAKER: E A Friedfeld — ADDRESS: 213 Dummont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C 1091 Registered No. B 61 C 1091

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 Jackson's Court, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Decker

{Residence, if in Baltimore, Give Street and Number.} 811 Jackson's Court,

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 18th 1904

AGE: 2 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William S Decker

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Amelia Brady.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna Gavin

(Address) 810 Jacksons Court

Filed 5/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14th 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 14th 1907 that I last saw her alive on May 14th 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

Child fell a week or so before she was taken ill. and I presumed the trouble arose from (DURATION) DAYS

Contributory (Primary.) Due to a fall not cause

no recent fall or concussion is given (DURATION) DAYS

(Signed) A. F. Bell M.D.

Address 1321 W. Lanvale St.

Date May 14th 1907

Place of Burial Western Cemetery

Date May 16th 1907

Undertaker H. C. Branning

Address 51 St. Paul St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 1092 Registered No. B C 1092

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Quinn

{Residence, if in Baltimore, Give Street and Number.} 1114 St Paul st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Daniel Quinn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Julia Burke

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Shanahan

(Address) 1021 W Lombard St

Filed 5/16/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1907

I HEREBY CERTIFY, That I attended deceased from April 29 1907 to May 15 1907 that I last saw her alive on May 14 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Embolism (Cerebral)

(DURATION) DAYS

Contributory (Primary.) Ch. Endocarditis

(DURATION) DAYS

(Signed) Chas L. Jennings M.D.

Address May 15-07

Date St Joseph Hospital 190

Place of Burial St Peters Cemetery

Date Apr 17 1907

Undertaker John J Fahey

Address 1337 Williams St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 1093 Registered No. B C 1093 1/

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 1515 East Baltimore St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of David and Gussie Cherkoff Not yet named (female)

{ Residence, if in Baltimore, Give Street and Number. } 1515 East Baltimore St.

Duration of Residence in Baltimore... during life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 15th 1907

AGE: 2 Hours ... years ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: David Cherkoff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Choftin

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Cherkoff

(Address) 1515 E Balto

Filed 5/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16th 1907

I HEREBY CERTIFY, That I attended deceased from May 15th 1907 to May 16th 1907 that I last saw her alive on May 15th 1907, and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthema

during life (DURATION) DAYS

Contributory (Primary) Ignition

during life (DURATION) DAYS

(Signed) Fredk A. Konradi M.D.

Address 2221 E. Baltimore St.

Date May 16th 1907

Place of Burial Balto Hebrew Cem

Date May 16th 1907

Undertaker Harry A Southerin

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 1094 — Registered No. B C 1094 / 176

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Gast

{Residence, if in Baltimore, Give Street and Number.} Sixth st. Brooklyn, A.A.C. Md.

Duration of Residence in Baltimore. Non-resident.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: 22 day of June 1870

AGE: 36 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Gast

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Amelia Lux

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reinhold Gast

(Address) Sixth st. Brooklyn, A.A. Co. Md.

Filed 5/16 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to — 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured skull

Hemorrhage with brain

(Homicide)

(DURATION) DAYS

Contributory (Primary.) Bleeding

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline st

Date May 15 1907

Place of Burial Cedar Hill

Date May 17 1907

Undertaker Jos. Stumtebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1095

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. B C 1095

City of Baltimore, (No. 400, N Carrolton Ave, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie F. Riley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John H Riley

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Elizabeth Nolan

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 5/16/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to May 1907 that I last saw her alive on May 13 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Phthisis

Six Months (DURATION) ..... DAYS

Contributory Phthisis

Six Mos (DURATION) ..... DAYS

(Signed) Wilbur P. Morgan M. D.

May 16 1907 (Address) 315 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: May 16 1907

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

EXTRACTS FROM Regulations of the Board of Health

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C 1096 Registered No. B C 1096

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 Latrobe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Taylor Welsh

{ Residence, if in Baltimore, Give Street and Number. } 1611 Latrobe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 22 1907

AGE — years, 2 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Welsh

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary McCauley

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1611 Latrobe St

Filed 5/16 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

By Hyde 1024 - North Ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1907

I HEREBY CERTIFY, That I attended deceased from Apr 3 1907 to May 16 1907

that I last saw him alive on May 2 1907

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia & Meal nutrition -

(DURATION) 30 DAYS

Con'tributory (Primary.) Congenital

atelectasis (DURATION) DAYS

(Signed) W. Hyde M.D.

Address 1024 E. North Ave

Date May 15 1907

Place of Burial St Marys - Hampden

Date May 16 1907

Undertaker H. C. Wickefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 1097 Registered No. B C 1097

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 431 N. Exeter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary McKeown

{Residence, if in Baltimore, Give Street and Number.} 431 N. Exeter St

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 52 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Bernard McKeown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane McGinn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Keeps House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 431 N. Exeter St.

Filed 5/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Dr Hayden

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 30 1907 to May 14 1907

that I last saw her alive on May 14 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

(DURATION) 1/2 DAYS

Con'ributory (Primary.) Lobar Pneumonia. 12

(DURATION) 30 DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St.

Date May 16 1907

Place of Burial St Vincents

Date May 16 — 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7B

C 1098

Registered No. B C 1098

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 156 W. West St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno. Albert Katmair -

{ Residence, if in Baltimore, Give Street and Number. } 156 W. West.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: July 29 1890	
AGE: 16 years, 9 months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto. Md.	
FULL NAME OF FATHER: Casper Katmair	
BIRTHPLACE OF FATHER (State or country): Balto Md.	
MAIDEN NAME OF MOTHER: Albertine Kirsch.	
BIRTHPLACE OF MOTHER (State or country): Balto Md.	
OCCUPATION OF DECEASED: Florist -	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Katmair Mother

(Address) 156 W West St.

Filed 5/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from April 21 1907 to May 16 1907 that I last saw h-- alive on May 16 1907, and that death occurred, on the date stated above, at 9:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Lungs)

Time between first and last (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) 7 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S Sharp St

Date May 16 1907

Place of Burial Holy Redeemer

Date May 20th 1907

Undertaker F. A. Kramer & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 1099 — Registered No. B C 1099 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 Cathedral St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Wellman Bridge

{Residence, if in Baltimore, Give Street and Number.} 1002 Cathedral St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 31st 1821

AGE: 85 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Saratoga Co. New York

FULL NAME OF FATHER: Samuel Wellman

BIRTHPLACE OF FATHER (State or country): New York State

MAIDEN NAME OF MOTHER: Laura Calkins

BIRTHPLACE OF MOTHER (State or country): New York State

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Charles F. Mitchell

(Address) 1002 Cathedral St

Filed 5/16 1907 — CLERK OF ENQUIRIES PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h.. alive on May 15 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile debility —

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H Clay Jenkins M.D.

Address 1002 Cathedral St

Date May 15 1907

Place of Burial Loudon Park Cemetery

Date May 17 1907

Undertaker Hy W. Jenkins & Sons Co

Address Howard & Madison Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1100

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1100

City of Baltimore, (No. St. Luke's Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick W. Stricker, M.D.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kemp

(Address) 104 E. St. Mount

Filed 5/16 1907

MARY C. ANDREWS.
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 15th. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 27th 1907 to May 14th 1907 that I last saw him alive on May 14th 1907, and that death occurred, on the date stated above, at 12.57 A.M. The CAUSE OF DEATH was as follows:

Pleuro-pneumonia, followed by pulmonary abscess, with absorption of septic debris (DURATION) 16 DAYS

Contributory ? (DURATION) DAYS

(Signed) Eldridge C. Price M. D.

May 15th. 1907 (Address) 1012 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 17 1907

UNDERTAKER: Tom Cook — ADDRESS: 826 E. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 1101 Registered No. B C 1101

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 823 Willow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. McGraw

{Residence, if in Baltimore, Give Street and Number.} 823 Willow St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1, 1862

AGE 44 years, ... months, ... 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John McGraw.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Sarah Mile

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Mc. Graw

(Address) 620 Forest

Filed 5/16 1907 MARY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1907

I HEREBY CERTIFY, That I attended deceased from February 15 1907 to May 15, 1907 that I last saw her alive on May 10, 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Uterus

(DURATION) 6 Mos.

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M.D.

Address 2021 Brunswick St

Date May 15 1907

Place of Burial Holy Cross Cemetery

Date May 17th 1907

Undertaker Henry Hoeck & Son

Address 131 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 1102 — Registered No. B C 1102 / 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 Somerset St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Catherine Faust

{Residence, if in Baltimore, Give Street and Number.} 1116 Somerset St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 5 / 1879

AGE: 27 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Michael J. Faust

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Sandenlager

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Faust

(Address) 1116 Somerset St.

Filed 5/16 1907

EARL C. INDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 15 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 29 — 1907 to May 15 — 1907

that I last saw her alive on " " 1907

and that death occurred, on the date stated above, at 10 40 M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

About 1 year (DURATION) DAYS

Con'ributory (Primary.)

~~About one year~~ (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St

Date May 15 — 1907.

Place of Burial Holy Redeemer Cemetery

Date May 18 1907

Undertaker Henry Aveck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 1103

City of Baltimore, (No. 1724 N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution give its NAME Instead of street and number.]

FULL NAME George T. McIntyre

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: April 29 (Month) (Day) 1887 (Year)
AGE: 20 years, ... months, 16 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~
BIRTHPLACE (State or country): Baltimore
FULL NAME OF FATHER: John A. McIntyre
BIRTHPLACE OF FATHER (State or country): Balto City
MAIDEN NAME OF MOTHER: Fillmore
BIRTHPLACE OF MOTHER (State or country): Balto City
OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H. McIntire
(Address) 1724 N Calhoun St

Filed 5/16 1907
HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 3d 1907 to May 14 1907
that I last saw him alive on May 14 1907
and that death occurred, on the date stated above, at 4.00 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption.

2 Months (DURATION) ... DAYS

Contributory La Grippe.
(DURATION) 7 DAYS

(Signed) Chas E Sadtler M. D.
May 14 1907 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral
DATE OF BURIAL: May 17 1907
UNDERTAKER: M Fahey & Sons
ADDRESS: 2060 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 1104 Registered No. B C 1104

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 Woodyear St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Bertha Davis

{Residence, if in Baltimore, Give Street and Number.} 605 Woodyear St.

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Crisfield Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Davis

(Address) 603 Woodyear St.

Filed 5/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease & general dropsy

(DURATION) 15 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Tow Lay. av. (Corner)

Date May 15th 1907

Place of Burial Mt Auburn Cemetery

Date May 17th 1907

Undertaker Felix B Pye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1105

HEALTH DEPARTMENT, City of Baltimore.

C 1105

Ward 11 Registered No. B V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Montgomery

{Residence, if in Baltimore, Give Street and Number.} Lenoir N C.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): N C

FULL NAME OF FATHER: J. T. Montgomery

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. T. Montgomery

(Address) Lenoir Caldwell Co N.C.

Filed 5/17/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 16 1907

that I last saw her alive on May 16 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Septicaemia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 5/16 1907

Place of Burial Lenoir N.C.

Date MAY 16 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 1106 — Registered No. B C 1106

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Farver Wade

{Residence, if in Baltimore, Give Street and Number.} Charlotte N. C.

Duration of Residence in Baltimore. /

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 17th 1907

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ala

FULL NAME OF FATHER: H. M. Wade

BIRTHPLACE OF FATHER (State or country): Ala

MAIDEN NAME OF MOTHER: Roslin T. Farver

BIRTHPLACE OF MOTHER (State or country): Ala

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. B. Farver,

(Address) Charlotte N. C.

Filed 5/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17th 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 17 1907

that I last saw him alive on May 17 1907

and that death occurred, on the date stated above, at 3.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Septicaemia

(DURATION) ..... DAYS

Con'ributory (Primary.) Cerebral Hemorrhage

(DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 6/25 1907

Place of Burial Charlotte N C

Date May 17th 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 1107 Registered No. B 156

CERTIFICATE OF DEATH.

(Place of Death.) No. 2217 Eutaw Place (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

HARRY KAUFMAN.

Full Name Harry Kaufman Sr.

{Residence, if in Baltimore, Give Street and Number.} 2217 Eutaw Place

2217 Eutaw Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1850

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) America

FULL NAME OF FATHER Moses Kaufman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Merle Wallach

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Kaufman

(Address) 2217 Eutaw Pl

Filed 5/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxiation with

Illuminating Gas.

Suicide

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Clinton Smithmeyer M.D.

Address 1818 Chas St

Date May 16 1907

Place of Burial Balto Hebrew Cem

Date May 17 1907

Undertaker Jacob Ahrens Co

Address 1517 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1108 Registered No. B C 1108

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Timmiola

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to May 16 1907

that I last saw him alive on May 16 1907,

and that death occurred, on the date stated above, at 7.25 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Konig M.D.

Address Bay View Asylum

Date May 16 1907

Place of Burial St. Vincents

Date May 17 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the ***cause and date of death.***

notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 1109 Registered No. B C 1109

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Landwehr Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Stolzenbach

{ Residence, if in Baltimore, Give Street and Number. } ~~1 Landwehr Lane~~ 2125 Boyd St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1872

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: August Stolzenbach

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Catherine

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Kerler

(Address) 2125 Boyd St.

Filed 5/17/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to May 16 1907

that I last saw h alive on May 16 1907,

and that death occurred, on the date stated above, at 8. a m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Cerebral Apoplexy

Embolism

(DURATION) 1 DAYS

Contributory (Primary.) Acute Myocarditis

Gastro Intestinal Hemorrhage (DURATION) 2 Days

(Signed) Edward Jones M.D.

Address Coroners Office

Date May 16 1907

Place of Burial Western Cemetery

Date May 18 1907

Undertaker E. H. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 1110 Registered No. B C 1110

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 2004 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Magee

{Residence, if in Baltimore, Give Street and Number.} 2004 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH	1
AGE	1 years, 2 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	James Magee
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Magee

(Address) 2004 Eastern Ave.

Filed 5/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 15 1907

that I last saw h alive on May 16 1907

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Meningitis

(DURATION) 11 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Scanlan M.D.

Address 16 N. Broadway

Date May 16 1907

Place of Burial Holy Cross Cem.

Date May 17th 1907

Undertaker Kendell Lippel & Son

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 1111

Ward 4 Registered No. B 6 1111

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 Hargrove Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred A Castor

{Residence, if in Baltimore, Give Street and Number.} 405 Hargrove Alley

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John H Castor.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mariah Joyce.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Castor.

(Address) 405 Hargrove Alley.

Filed 5/17/ 1907 HARRY C. ANDREWS, REGISTER OF CEDRS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday May 16th 1907

I HEREBY CERTIFY, That I attended deceased from May 9th 1907 to May 16th 1907 that I last saw h-im alive on May 14th 1907, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Influenza

(DURATION) 10 DAYS

(Signed) M.D.

Address 607 N Charles St

Date May 16th 1907

Place of Burial U. S. National Cemetery

Date May 18th 1907

Undertaker Felix B Pope

Address 1026 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 1112

Ward 15 C 1112 Registered No. B ✓

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 Prestman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Sorrell

{Residence, if in Baltimore, Give Street and Number.} 1623 Prestman st

Duration of Residence in Baltimore. 7 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Mar 1st 1865

AGE: 42 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charlestown W. Va.

FULL NAME OF FATHER: Geo Sorrell

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Annie ——

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Sorrell

(Address) 1623 Prestman st

Filed 5/17/1907 HARRY P. ADDRESS, CITY REGISTER. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1907

I HEREBY CERTIFY, That I attended deceased from May 14th 1907 to May 15th 1907 that I last saw h in alive on May 15th 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis (DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 W. North ave

Date May 15th 1907

Place of Burial Mt Auburn

Date May 17 1907

Undertaker Ley H Ensley

Address 578 W. Fredk 626—

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 1113

Ward 15 C 1113 Registered No. B 82

CERTIFICATE OF DEATH.

(Place of Death.) No. 13/2 Bruce St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Amanda Bolls.

{ Residence, if in Baltimore, Give Street and Number. } 1312 Bruce St.

Duration of Residence in Baltimore. 7 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Bolls

(Address) 1312 Bruce

Filed 5/17 1907 HARRY G. ANDREWS, CITY C[illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to May 16 1907

that I last saw h[illegible] alive on Apl. 30 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Thrombosis.
6 mos. (DURATION) DAYS

Con'ributory (Primary.) Coma
(DURATION) 2 DAYS

(Signed) W. F. Carr, Jr. M.D.

Address 515 Monroe St.

Date May 16 1907

Place of Burial Fredericksburg Va

Date May 17 1907

Undertaker Alex Hemsley

Address 57 S. W. Baddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1114

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1114

City of Baltimore, (No. 78 E. Sarah Ann St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena M. Drummond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: March 27 1897 (Month) (Day) (Year)

AGE: 10 years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wilson Drummond

BIRTHPLACE OF FATHER (State or country): Aganac Co Va

MAIDEN NAME OF MOTHER: Catherine Drummond

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine L Drummond

(Address) 78 E. Sarah ann St

Filed 5/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 15 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 14 May 1907 to was the only that I last saw her alive on 14 May 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Marasmus

About (DURATION) 7 DAYS

Contributory Dothyn enteritis

(DURATION) DAYS

(Signed) Jno. C. Harris M. D.

May 17 1907 (Address) 720 Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Pleasant Cem. DATE OF BURIAL: May 17 1907

UNDERTAKER: Jos. H. Blake & Son ADDRESS: 101 N. Calhoun

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 1115 Registered No. B C 1115

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sigfrid A Mitchell

{Residence, if in Baltimore, Give Street and Number.} Catonsville Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 17 1854

AGE: 53 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Maried

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Perry Green Mitchell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Ann Goss

BIRTHPLACE OF MOTHER (State or country): Mayland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. L. Enders

(Address) Catonsville, Md.

Filed 5/17 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to May 16 1907 that I last saw him alive on May 16 1907, and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Thrombosis of Basilar Artery (DURATION) DAYS

(Signed) E. W. White M.D.

Address University Hospital

Date May 16 1907

Place of Burial London Park

Date May 18 1907

Undertaker Mrs. C. Priester & Sons

Address Catonsville

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 1116 Registered No. B C 1116

CERTIFICATE OF DEATH.

(Place of Death.) No. 1651 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles M. Lerch

{Residence, if in Baltimore, Give Street and Number.} 1651 E Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 10 1883

AGE: 24 years, 1 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Alex M. Lerch

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary F. Hahn

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex M. Lerch

(Address) 1651 E Monument St

Filed 5/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 15 1907 190

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to May 15 1907 that I last saw h alive on May 15 1907, and that death occurred, on the date stated above, at 11 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis 2 Years

(DURATION) DAYS

(Signed) Wm. L. Ford M.D.

Address 202 E Monument

Date MAY 15 1907 190

Place of Burial Baltimore. Cem.

Date MAY 19 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 1117 — Registered No. B C 1117

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 E Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Finley

{Residence, if in Baltimore, Give Street and Number.} 1612 E Oliver st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Born May 20th 1842

AGE: 64 years, 11 months, 26 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John B. Bleghorn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Anderson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Sister

(Informant) Margaret J Horvey

(Address) 1219 W Lafayette ave

Filed 5/17 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 16 1907 that I last saw her alive on May 16 1907, and that death occurred, on the date stated above, at 1045 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 12 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) John T. Avery M.D.

Address 1823 Broadway

Date May 17th 1907

Place of Burial: Baltimore Cemetery

Date: May 19th 1907

Undertaker: George Schulting & Sons

Address: 1126 E Monument St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1118

19 8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1118

City of Baltimore, (No. 1013 Boyd — St.; 21st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary McDermott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 6 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Patrick McDermott

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridgt Carson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.,

(Informant) John J. Fields

(Address) 1210 W. Lombard

Filed 5/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to May 17 1907 that I last saw her alive on May 17 1907, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Croup

(DURATION) 5 DAYS

Contributory Cerebral

(DURATION) ..... DAYS

(Signed) C. W. Barkers M. D.

190 (Address) 1116 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	May 18th 1907
UNDERTAKER	ADDRESS
John J. Fields	1210 W. Lombard

11 A.M.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

C 1119

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1119

City of Baltimore, (No. 1532, W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hanson Perry Hart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: March (Month) 23d (Day) 1871 (Year)

AGE: 36 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland Baltimore

FULL NAME OF FATHER: Daniel Taylor Hart.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Anna E. Jordan.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: D. Taylor Hart

(Address) 1532 W. Lexington St.

Filed 5/17 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1907 to May. 16 1907 that I last saw him alive on May 15 1907, and that death occurred, on the date stated above, at 6.15 A. M. The CAUSE OF DEATH was as follows:

Malignant hypernephroma (left side metastasis in Spleen & lung) since Oct. 1906. (DURATION) DAYS

Contributory Exhaustion cachexia Some months. (DURATION) DAYS

(Signed) E. L. Whitney M. D.

May 16 1907 (Address) 1103. Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: May 18 1907

UNDERTAKER: Geo J Smith & Co — ADDRESS: 1100 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 1120

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1120

City of Baltimore, (No. 1439 Penna Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah J. Bartholomee

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bartholomee

(Address) 1439 Penna Ave.

Filed 5/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to May 15 1907 that I last saw h.. alive on 5/15 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Acute Pneumonia
Arterio-sclerosis

(DURATION) 35 DAYS

Contributory Acute dilatation of right side of heart (DURATION) — DAYS

(Signed) A. J. Barrett M. D.

5/16 1907 (Address) 1631 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 17 1907
UNDERTAKER	ADDRESS
Jno T. Young & Co	1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B C 1121

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Andrew Novak

{ Residence, if in Baltimore, Give Street and Number. } 610 S. Ann St.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Mathews Novak.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Novak. (Wife)

(Address) 710 S. Ann St

Filed 5/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from May 13 1907 to May 16 1907

that I last saw h[illegible] alive on 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

and Nephritis.

(DURATION) DAYS

Contributory (Primary).

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 5/16 1907

Place of Burial Holy Rosary

Date Saturday May 18 1907

Undertaker M F. Darkowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 1122 Registered No. B C 1122

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 Chappella St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Lampron

{Residence, if in Baltimore, Give Street and Number.} 1416 Chappell St.

Duration of Residence in Baltimore. life (1 yr. 10 days).

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 1 years, months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm J Lampron

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Sarah E Andrews

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant William J Lampron

(Address) 1416 Chappell Street

Filed 5/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from May 15, 1907 to May 16 1907 that I last saw him alive on May 16 1907, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Con'tributory (Primary.) Bronchitis

(DURATION) 2 Mos.

(Signed) Wm. H. Meyer M.D.

Address 1373 N. Carey St

Date May 17, 1907.

Place of Burial Mt Auburn.

Date May 18th 1907

Undertaker Sammy L Smith

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 1123 — Registered No. B C 1123

28

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Ruth Johnson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Mul.

DATE OF BIRTH: Nov. 20 1906

AGE: — years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Born

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McElwaine

(Address) 2005 Madison Ave.

Filed 5/17 1907 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to May 16 1907

that I last saw h— alive on May 15 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis

(DURATION) 6+ DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McElwaine M.D.

Address 2005 Madison Ave.

Date May 16 1907

Place of Burial Cathedral Cmtry

Date May 18 1907

Undertaker Felix B. Pye

Address 102. E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C 1124 — Registered No. B C 1124 / 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Columbia Chr Iron Wks Co St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jas. Ross Scribnor (Scribnor)

{ Residence, if in Baltimore, Give Street and Number. } Della Balto Co

Duration of Residence in Baltimore. Only worked here

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Carroll Co

FULL NAME OF FATHER Louis Scribnor

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Schlenberger

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. A Hillsinger

(Address) Ellicott City

Filed 5/17 1907 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from Ap 20 1907 that I last saw h alive on 1907 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture Skull caused by fall from staff of derrick Striking him on head, caused by guy rope accidentally pulling out

(DURATION) DAYS

Contributory (Primary) Shock

(DURATION) DAYS

(Signed) Frank Jones M.D.

Address Ellicott City Md

Date May 17th 1907

Place of Burial Della Cemetery Balto Co Md

Date May 19th 1907

Undertaker S Hillsinger & Son

Address Ellicott City Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where no notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether single) of the person deceased, and the *cause and date of death.*

C 1125

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1125

City of Baltimore, (No. 1030, Gelstons Court St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriet Copeland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Col
DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year	
AGE: 60 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER: James Copeland	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Ella Smith	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: Servant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Kramer

(Address) 114 N Schroeder St

Filed May 17 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to ..... 190 ..... made no other visits

that I last saw her alive on March 27th 1907,

and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Spasmodic Asthma
A General debility

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. D. Moms M. D.

May 16th 1907 (Address) 1221 N. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Lem	May 17th 1907
UNDERTAKER: Alfred J Trulman	ADDRESS: 1061 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 1126 Registered No. B C 1126

CERTIFICATE OF DEATH.

120

Place of Death.) No. 1317 N. Port St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Godfrey H Koffenberger

{Residence, if in Baltimore, Give Street and Number.} 1317 N. Port St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1.....

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Godfrey Koffenberger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary A Brown

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Store Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Koffenberger

(Address) 1317 N. Port St

Filed 5/17/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 6.05

..... M. CAUSE OF DEATH (Secondary or Immediate

Cr Int Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Medical Examiner M.D.

Address .....

Date May 15 — 07 190..

Place of Burial Mt Carmel

Date May 18 1907

Undertaker Wm J Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 1127 — Registered No. B C 1127

CERTIFICATE OF DEATH.

(Place of Death.) No. 1115 Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Selin

{ Residence, if in Baltimore, Give Street and Number. } 1115 Potomac St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 16 1907

AGE 7 hours old
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Selin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Katie Weidelman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Wm Selin

(Address 1115 Potomac St

Filed 5/17/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Immediate Inanition

(DURATION) DAYS

Contributory (Primary) Congenital

(DURATION) DAYS

(Signed) Thos Sadler M.D.

Address 320 E Green St

Date 190

Place of Burial St. Pauls Cem

Date May 17 190 7

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C 1128 Registered No. B C 1128

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CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Minnie Matthews

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH April 30. 1907

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Minnie Matthews.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14.. 1907

I HEREBY CERTIFY, That I attended deceased from April 30. 1907 to May 14. 1907

that I last saw him alive on May 13. 1907

and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro enteritis

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) F. C. Testerman M.D.

Address Johns Hopkins Hospital

Date May 15. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date May 16th 1907

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1129 Registered No. B ..... C 1129

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Brad

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR Coloured

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/17/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to May 16 1907 that I last saw h[illegible] alive on May 16 1907, and that death occurred, on the date stated above, at 3:10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) R Hommel M.D.

Address Bay View Asylum.

Date May 16 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date MAY 1 1907

Undertaker William H Woodes

Address 811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 1130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1130

City of Baltimore, (No. 1034 Clifton Place Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mathew Lynch

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 2 1826 (Month) (Day) (Year)

AGE 81 years, 3 months, 14 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Charles Lynch

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Nellie Brady

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Wheelright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1034 Clifton Place

Filed 5/17/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to May 16 1907 that I last saw h in alive on May 16 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) W B Kerr M. D.

May 16 1907 (Address) 330 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral | DATE OF BURIAL May 18 1907

UNDERTAKER H. C. Weidefeld | ADDRESS 914 Gremmit Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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C 1131

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1131

City of Baltimore, (No. 221 Bath St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J. Denson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 12th 1864 (Month) (Day) (Year)

AGE: 43 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John J. Denson

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Catherine Moran

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. J. Denson

(Address) 221 Bath St

Filed 5/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 17 1907 that I last saw him alive on May 17 1907, and that death occurred, on the date stated above, at 1.35 A. M. The CAUSE OF DEATH was as follows:

Acute Inflammation of Rheumatism. Entire colitis Nephritis

(DURATION) 24 DAYS

Contributory Gastritis and Exhaustion

(DURATION) 3 DAYS

(Signed) Howard C. Gibson M. D.

May 17 1907 (Address) 194 Bolton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	May 20 1907
UNDERTAKER	**ADDRESS**
John D. Cowan	901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

Registered No. B C 1132

C 1132
CERTIFICATE OF DEATH.

(Place of Death.) No. 337 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Helen Romm

{Residence, if in Baltimore, Give Street and Number.} 337 S. Monroe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feby 12th 1905

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Lewis N. Romm

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Clara B. Cotkamp

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Romm

(Address) 337 S. Monroe St

Filed 5/17/07 190..

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to May 16 1907

that I last saw h.. alive on May 16 1907,

and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis acute

(DURATION) 2 DAYS

Contributory (Primary.) Broncho Pneumonia

(DURATION) DAYS

(Signed) J. Harry Ullrich M.D.

Address 811 N. Carey St.

Date May 17 1907

Place of Burial Holy Redeemer

Date May 18th 1907

Undertaker John D. Conroe

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

the Physician who attended during his or her last sickness, **or** the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 1133 — Registered No. B C 1133

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 Boone St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margt Roddy

{Residence, if in Baltimore, Give Street and Number.} 2111 Boone St

Duration of Residence in Baltimore. 41 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 30 1843

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Mooney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Welsh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J Roddy

(Address) 2111 Boone St

Filed 5/17 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1907

I HEREBY CERTIFY, That I attended deceased from about Feb 1 1907 to May 15 1907

that I last saw h.. alive on May 15 — 1907.

and that death occurred, on the date stated above, at about 9.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) ..... DAYS

Contributory (Primary.) Contracted Disease of Kidneys &c.

(DURATION) ..... DAYS

(Signed) M. Kirby M.D.

Address 1239 Bway

Date May 17 1907

Place of Burial Mount Calvary

Date May 18 1907

Undertaker C. P. Wiedefeld Jr.

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 1134 — Registered No. B C 1134

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CERTIFICATE OF DEATH.

(Place of Death.) No. 607 Forest St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William Kappes

{Residence, if in Baltimore, Give Street and Number.} 607 Forest St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 17 1837

AGE: 70 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Kappes

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Kappes

(Address) 607 Forest St

Filed 5/17/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17th 1907

I HEREBY CERTIFY, That I attended deceased from April 28th 1907 to May 17th 1907

that I last saw him alive on May 15th 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H O Stoner M.D.

Address 1501 Eager St

Date May 17th 1907

Place of Burial Baltimore Cemetery

Date May 18th 1907

Undertaker Evans & Spence

Address 116 & 120 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 4

Registered No. B C 1135

CERTIFICATE OF DEATH.

Place of Death. No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Brooks.

{Residence, if in Baltimore, Give Street and Number.} Brumspring Valley. Md.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Black.

DATE OF BIRTH: 1883

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Midlothian Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Coachman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: William Brooks

(Address: Midlothian Virginia.

Filed May 18th 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14 1907.

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 14 1907

that I last saw him alive on May 14 1907

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis following Pneumonia.

(DURATION) (2) DAYS

Contributory (Primary.) Stuck failure

(DURATION) 5 DAYS

(Signed) J. M. Sanderson M.D.

Address Md. Gen. Hospital

Date May 16. 1907.

Place of Burial: Midlothian Virginia.

Date: May 18th. 1907.

Undertaker: Wm. M. Gawthrop.

Address: North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 Registered No. B 1136

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 W. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Carroll Brown

{ Residence, if in Baltimore, Give Street and Number. } 122 Mosher St.

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER James T. Brown

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Norah Eaton

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elston Brown

(Address) Romona Kent Co

Filed May 18 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907 190

I HEREBY CERTIFY, That I attended deceased from May 6th 1907 to May 17 1907 that I last saw h im alive on May 17 1907, and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 11 DAYS

(Signed) Henry J. Walton M.D.

Address 1631 Park Ave

Date May 17, 1907 190

Place of Burial Chestertown Kent Co

Date May 19. 190 7

Undertaker John E. Hancock Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 113

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1137

City of Baltimore, (No. 1818 N. Collington St.; Av., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theodore Winter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 5 (Day) 1848 (Year)

AGE: 59 years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Winter

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank M. Thaut

(Address) 1522 Sherman Place

Filed 5/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 14th 1907 to May 17 1907 that I last saw him alive on May 16th 1907, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Valvular disease of Heart &
Rheumatism
Six months (DURATION) — DAYS

Contributory ...
Prostating (DURATION) 6 DAYS

(Signed) Chas L. Puddemphey M. D.

May 17th 1907 (Address) 918 N. Paca St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Lauden Park Cem

DATE OF BURIAL: May 19 1907

UNDERTAKER: A. Fink & Son

ADDRESS: 910 N. Gay St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 1138 Registered No. B C 1138

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 Madison Ave ~~St~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacqueline M Buck

{Residence, if in Baltimore, Give Street and Number.} 1219 Madison ave

Duration of Residence in Baltimore. about 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 25th 1848

AGE: 58 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Front Royal Va

FULL NAME OF FATHER: Marcus B Buck

BIRTHPLACE OF FATHER (State or country): Front Royal Va

MAIDEN NAME OF MOTHER: Jane L Bayly

BIRTHPLACE OF MOTHER (State or country): Warren Co Va

OCCUPATION OF DECEASED: Commercial Traveler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurance M Buck

(Address) 1228 St Paul St

Filed 5/18 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to May 17th 1907 that I last saw him alive on May 17th 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General weakness & heart failure, he became gradually weaker the last two weeks & the last week confined (DURATION) 2 DAYS

Contributory (Primary.) Cancer of stomach & liver for years (DURATION) ~~Unk~~

(Signed) Leonard A Rinaca M.D.

Address 216 W. Mt Royal Ave

Date May 17th 1907

Place of Burial Front Royal Va

Date May 19th 1907

Undertaker Stewart & Mowru Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1139

City of Baltimore, (No. 2614 Young St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William C. Heintz

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 25 1893 (Month) (Day) (Year)
AGE	13 years, 10 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Lewis Heintz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Caroline Appel
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md. York Pa
OCCUPATION OF DECEASED	None Caroline Heintz

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Caroline Heintz

(Address) 2614 Young St.

Filed 5/18/07 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to May 15 1907

that I last saw him alive on May 15 1907,

and that death occurred, on the date stated above, at 2 a m. The CAUSE OF DEATH was as follows:

Mitral Insufficiency

(DURATION) DAYS

Contributory Pulmonary Edema

(DURATION) DAYS

(Signed) J. B. Sayer M. D.

May 16 1907 (Address) 1 to 2 mos

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 19 1907
UNDERTAKER	ADDRESS
Mrs Geo. P. Paulus	201 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 1140

Ward 18 C 1140 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur F Mosteller.

{Residence, if in Baltimore, Give Street and Number.} #842½ W Lombard St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 85 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont

Filed 5/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to May 17 1907

that I last saw h... alive on May 17 1907,

and that death occurred, on the date stated above, at 4.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) DAYS

(Signed) E W White M.D.

Address University Hospital

Date Balto May 17 1907

Place of Burial Norfolk Va

Date May 18 1907

Undertaker Geo W Little

Address 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 1141 Registered No. B 1141

CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 Ensor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Jessie Doudiken.

{Residence, if in Baltimore, Give Street and Number.} 1627 Ensor

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR White

DATE OF BIRTH 1

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick Conway

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Martha Johnson

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dowiel Doudiken

(Address) 1627 Ensor St

Filed 5/18 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to May 17 1907 that I last saw h alive on May 17 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Pseudo Leukemia

(DURATION) DAYS

(Signed) W. L. T. M.D.

Address 1202 E Monument St.

Date May 17 1907

Place of Burial Holy Cross Cem

Date May 20 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 1142 Registered No. B ..... C 1142

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 Loaphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ezra A. Finn

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June 15th 1905

AGE: 1 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: John Finn

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Mamie Sidard

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Finn

(Address) 111 Loaphin St

Filed 5/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 17 1907 that I last saw h.. alive on May 17 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or immediate) Meningo-Complic- with Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gibbons M.D.

Address 211 N. Longwood

Date 5-17- 1907

Place of Burial Lutheran

Date May 18th 1907

Undertaker Albert F. Schiller

Address 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1143

City of Baltimore, (No. 111 Dolphin St.; 11 Ward
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Finn

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: July (Month) 3 (Day) 1904 (Year)

AGE: 2 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: John Finn

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mamie Sidnal

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Finn

(Address) 111 Dolphin st

Filed 5/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 17, 2 P.M. 1907 to May 17 11 P.M. 1907 that I last saw h-r alive on May 17 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 4 DAYS

Contributory measles

(DURATION) 10 DAYS

(Signed) Albert F Cooney M. D.

May 18 1907 (Address) 1533 John st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: May 18 1907

UNDERTAKER: A & F Kilbon

ADDRESS: 1711 Mad av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 1144 Registered No. B C 1144

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Harrison

{Residence, if in Baltimore, Give Street and Number.} 1624 Ethyn St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1836

AGE 71 ? years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/18/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 — 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to May 16 1907 that I last saw h— alive on May 16 1907, and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute dilitation of heart,
Hydroedema
Uraemia

(DURATION) DAYS

Contributory (Primary.) Chronic diffuse nephritis DAYS

(Signed) R R Sonnie M.D.

Address Bay View Hospital

Date May 16 1907

Place of Burial Asbury Cemetery

Date May 18th 1907

Undertaker Chas L Bailey

Address 1421 Jefferson Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 4 — C 1145 — Registered No. B C 1145

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Franciscan Lyman Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alvenda Virginia Kuhl

{Residence, if in Baltimore, Give Street and Number.} Howard Park rd

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Dec 28 1843

AGE 64 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo Richter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A Lorman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cora V. Magowan

(Address) Howard P'k Md

Filed 5/18 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May - 15 1907

I HEREBY CERTIFY, That I attended deceased from Apr 30 1907 to May 15 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 930 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

Sudden

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) Thomas Jones M.D.

Coroners

Address

Date May - 16th 1907

Place of Burial Western

Date May 18 1907

Undertaker Jno B Cook

Address 1023 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Dbe removed to 1435 N Lanvale St

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 C 1146 Registered No. B C 1146

CERTIFICATE OF DEATH. 24

(Place of Death.) No. 718 W Heat St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Ottman

{Residence, if in Baltimore, Give Street and Number.} 718 W Mart st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ——— 1867

AGE 40 years, — months, — days

~~SINGLE, MARRIED, WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Peter Ottman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Brockhoff

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Nazarenus

(Address) 1261 Carrol St

Filed 5/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from April 11 1907 to May 16 1907 that I last saw him alive on May 16 1907, and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis

Pulmonalis

5 weeks (DURATION) DAYS

Contributory (Primary.) anthemia

(DURATION) 1 DAYS

(Signed) Joseph E. Muse M.D.

Address 833 Columbia ave

Date May 17 1907

Place of Burial London Park

Date May 17 1907

Undertaker J. R. Cook

Address 1003 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 1147 Registered No. B C 1147

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1540 N Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Staab

{Residence, if in Baltimore, Give Street and Number.} 1540 N Stricker st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 31 1905

AGE 1 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Peter Staab

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mary F. Berkenhime

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Mary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Staab

(Address) 1540 N Stricker st

Filed 5/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16" 1907

I HEREBY CERTIFY, That I attended deceased from Apl 29 1907 to May 16 1907 that I last saw h-in alive on May 15 1907, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Meningitis

Primary

(DURATION) 18. DAYS

Contributory (Primary) Secondary Coma

(DURATION) 2 DAYS

(Signed) Thomas J. Talbott M.D.

Address 701 Eutaw Place

Date May 17. 1907

Place of Burial Sacred Heart

Date May 18 1907

Undertaker Jos. J. Keen

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 1148 — Registered No. B C 1148

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1648 N. Abbot St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonia Biset

{Residence, if in Baltimore, Give Street and Number.} 1648 Abbot

Duration of Residence in Baltimore. 1/2

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR White

DATE OF BIRTH June 13 1892

AGE 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Maloj Biset

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Moris Rika

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Baby Biset

(Address) 1648 Abbot

Filed 5/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from April 29 1907 to May 17 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 4½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis followed by Bronchopneumonia

20 days (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2009 Eastern Ave.

Date 5/18/07 1907

Place of Burial Holy Redeemers

Date May 20 1907

Undertaker Frank Zwach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C 1149 — Registered No. B C 1149

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 St. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Masson

{Residence, if in Baltimore, Give Street and Number.} 111 St. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Feb 13 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Masson

(Address) 111 St. Broadway

Filed 5/18/07 190

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 16 1907 190

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 16 1907

that I last saw h alive on May 15 1907,

and that death occurred, on the date stated above, at 5.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Thrombus

(DURATION) 2 DAYS

Contributory (Primary) Cerebral Embolus

(DURATION) 2 DAYS

(Signed) C.F. Blake M.D.

Address 1523 E Baltimore

Date MAY 17 1907 190

Place of Burial Greenmount Cem.

Date MAY 19 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th

C 1150 Registered No. B C 1150

CERTIFICATE OF DEATH.

(Place of Death.) No. 326 S. Chester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J. McGinn

{Residence, if in Baltimore, Give Street and Number.} 326 S. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	don't Know, about 1867
AGE	40 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Henry McGinn
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Elizabeth O'Brien
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine McGinn

(Address) 2054 Bank St.

Filed 5/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17, 1907

I HEREBY CERTIFY, That I attended deceased from May 1, 1907 to May 17, 1907 that I last saw h alive on May 17, 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate) Phthisis

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Tabler, M.D.

Address 1111 S. Broadway

Date May 17, 1907.

Place of Burial St. Patricks Cemetery

Date May 20th 1907

Undertaker Germanus Tranor

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 1151 Registered No. B C 1151

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Jno Univ Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin O Connor

{Residence, if in Baltimore, Give Street and Number.} 1739 Thomas Ave

Duration of Residence in Baltimore. 31 y

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1857
AGE	50 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	Patrick O Connor
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Crotty
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fanny L O'Connor

(Address) 1739 Thomas Ave

Filed 5/18/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1907

I HEREBY CERTIFY, That I attended deceased from as above 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull and multiple injuries.

accident

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Conner

Date May 16 1907

Place of Burial Cathedral Cem

Date May 20th 1907

Undertaker Jno A. Saiger

Address 1223 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

C 1152

Registered No. B C 1152

CERTIFICATE OF DEATH.

(Place of Death.) No. 332 Lower St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Marshall

{Residence, if in Baltimore, Give Street and Number.} 332 Lower St.

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Col
DATE OF BIRTH	1
AGE	34 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	J. Green
BIRTHPLACE OF FATHER (State or country)	Key West Flor
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Masher

(Address) 332 Lower St

Filed 5/18 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to May 17 1907 that I last saw h.. alive on May 16 1907 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) 4 DAYS

Con'tributory (Primary.)

(DURATION) 4 DAYS

(Signed) W. J. Smith M.D.

Address 528 Hanover St.

Date May 17 1907

Place of Burial Annapolis Md

Date May 17th 1907

Undertaker Geo H. Hooper

Address 609 E. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 1153 — Registered No. B C 1153

103

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 Battery Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Charles Schelberg

{Residence, if in Baltimore, Give Street and Number.} 1218 Battery Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: August 21 1859 1	
AGE: 47 years, 8 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	George L. Schelberg
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Oyster Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Schelberg (Wife)

(Address) #1218 Battery Ave.

Filed 5/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday May 16th 1907

I HEREBY CERTIFY, That I attended deceased from May 13th 1907 to May 16th 1907 that I last saw h[illegible] alive on May 16th 1907 and that death occurred, on the date stated above, at 10.00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Duodenal (DURATION) DAYS

Contributory (Primary.) ulcer of Stomach abt four Months (DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date May 17th 1907

Place of Burial Lorraine Cemetery.

Date May 19 1907 190

Undertaker Armstrong Deany Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 1154 — Registered No. B C 1154 / 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 N. Mulberry St. — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Joseph Lee

{Residence, if in Baltimore, Give Street and Number.} 716 N. Mulberry St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: Aug. 14 1906	
AGE: — years, 9 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: William Lee	
BIRTHPLACE OF FATHER (State or country): Virginia	
MAIDEN NAME OF MOTHER: Laura Frebee	
BIRTHPLACE OF MOTHER (State or country): North Carolina	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Lee

(Address) 716 N. Mulberry St.

Filed 5/18 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to May 17 1907

that I last saw him alive on May 9 1907

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 5 DAYS

Con'tributory (Primary.) Whooping Cough

(DURATION) 30 DAYS

(Signed) Jno. G. Thiesz M.D. M.D.

Address 901 Myrtle Ave

Date May 17 1907

Place of Burial Mount Auburn Cem

Date May 18 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 1155 Registered No. B C 1155

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 N. Parrish alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Burrier

{Residence, if in Baltimore, Give Street and Number.} 813 N. Parrish alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Color

DATE OF BIRTH: June 1 1[illegible]

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaac Lewis

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Jane Bud

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 813 Parish alley

Filed 5/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16. 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to May 16 1907 that I last saw her alive on May 11 1907; and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Brights Disease.

(DURATION) — DAYS

Contributory (Primary.) Improper manner of Living.

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Preastman St

Date Baltimore May 16 1907

Place of Burial Mt Olivet

Date May 18 1907

Undertaker R. L. Parkman & Co

Address 1213 Park St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — Registered No. B C 1156

CERTIFICATE OF DEATH.

(Place of Death.) No. 2001 Gough St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie V. Sigmund

{Residence, if in Baltimore, Give Street and Number.} 2001 Gough St — C 1156

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH	June 16th 1870
AGE	36 years, 11 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	August Schamel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Caroline Richl
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Sigmund

(Address) 2000 Gough St

Filed 5-18- 1907 W.J.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1906 to May 17 1907 that I last saw her alive on May 17 1907, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

about 2 years (DURATION) DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date May 17 1907

Place of Burial Balto. Cemetery

Date May 19 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B C 1157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 East Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward F. Overbeck

{Residence, if in Baltimore, Give Street and Number.} 1743 East Pratt

Duration of Residence in Baltimore. Life

C 1157

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 30th 1846

AGE 60 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER August Overbeck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Overbeck

(Address) 1743 E. Pratt St.

Filed

5-18- 1907 J.M.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 15 1907

that I last saw h[illegible] alive on May 10 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno A Sampson M.D.

Address 1906 E Baltimore

Date May 17 1907

Place of Burial Baltimore County

Date May 18 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Orleans Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B C 1158

CERTIFICATE OF DEATH.

(Place of Death.) No. 544 Orchard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William Riley

{Residence, if in Baltimore, Give Street and Number.} 544 Orchard St.

Duration of Residence in Baltimore. Life

C 1158

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto-Am

DATE OF BIRTH: 1862

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Riley

(Address) 544 Orchard St.

Filed 5-18-1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5-15-1907

I HEREBY CERTIFY, That I attended deceased from 4-2-1907 to 5-16-1907 that I last saw h alive on 5-14-1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonic Phthisis (Galloping Consumption)

6 weeks (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. Lee Ellen M.D.

Address 922 Mad. ave.

Date 5-16 1907

Place of Burial Laurel

Date May 19 1907

Undertaker W. A. Elliott

Address 502 Virginia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. B C 1159

CERTIFICATE OF DEATH.

151

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Evans

{Residence, if in Baltimore, Give Street and Number.} 916 N Carrollton ave

Duration of Residence in Baltimore. one hour C 1159

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 18th 1907

AGE ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George H. Evans

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Sherlock

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) George H Evans

(Address) 916 N. Carrollton ave

Filed 5-18- 1907 J.A.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to May 18th 1907 that I last saw h living alive on May 18 1907 and that death occurred, on the date stated above, at 9 am

11. CAUSE OF DEATH (Secondary or Immediate) Bronchitis Capillary

— (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. M. Hundley M.D.

Address 1009 Cathedral

Date May 18 1907

Place of Burial Greenmount

Date May 18th 1907

Undertaker Wm Jenkins Son & Co

Address 210 cor Howard & Madison Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6

CERTIFICATE OF DEATH.

Registered No. BC 1160

City of Baltimore, (No. Hospital for the Relief of Cripples + Children St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Genevieve Hawkins C 1160

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: October (Month) 23, (Day) 1904 (Year)

AGE: 2 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City Maryland

FULL NAME OF FATHER: Robert Hawkins

BIRTHPLACE OF FATHER (State or country): Baltimore County

MAIDEN NAME OF MOTHER: Emma Gold Wilson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Hawkins

(Address) 1734 Division St.

Filed 5-18-1907 J.A.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to May 18, 1907 that I last saw her alive on May 18, 1907 and that death occurred, on the date stated above, at 7.30 A. M. The CAUSE OF DEATH was as follows:

Marasmus

Bronco Pneumonia

(DURATION) 11 DAYS

Contributory Measles

(DURATION) 11 DAYS

(Signed) H. A. Cantwell M. D.

May 18th 1907 (Address) 2000 N. Clinton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1734 Division St

How long at Place of Death? 6½ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: 5/19 1907

UNDERTAKER: Abel Kemsley

ADDRESS: 5 Jas Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. B C 1161

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1131 W. Saratoga St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name: Florena J. Dorsey.

{Residence, if in Baltimore, Give Street and Number.} 1131 W. Saratoga St.

Duration of Residence in Baltimore. 29 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: col

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Dorsey

(Address) 1131 Satoga St

Filed May 19 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DU...

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17 — 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 16 1907 that I last saw her alive on May 16 and that death occurred, on the date stated above, at — M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Under my Care

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. C. Cuddy M.D.

Address 937 Madison ave

Date May 17 — 1907

Place of Burial Laurel cemetery

Date May 19 1907

Undertaker Geo H Hoop

Address 609 L Park

HEALTH DEPARTMENT, [illegible] of [illegible]

Ward 24

C 1162 Registered No. B

176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1134 Riverside Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Kate L. Lowry.

{ Residence, if in Baltimore, Give Street and Number. } 1134 Riverside Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 17 1907

AGE ___ years, ___ months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER George Lowry

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Ida Stansbury

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Rogers

(Address) 1255 W Williams ave

Filed 5/19 1907 HARRY C. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 — 190

I HEREBY CERTIFY, That I attended deceased from May 17 190 to May 18 190

that I last saw h[illegible] alive on May 18 190

and that death occurred, on the date stated above, a[illegible]

I. CAUSE OF DEATH (Secondary or In[illegible]

Prolonge[illegible]

Contributo[illegible]

(Signe[illegible]

A[illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B C 11

Ward 14th.

C 1163

CERTIFICATE OF DEATH.

(Place of Death.) No. 1718 St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Minnie Poindexter

{Residence, if in Baltimore, Give Street and Number.} 1718 Brunt St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	col
DATE OF BIRTH	April 6th 1907
AGE	6 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wallace Banks
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Florence Poindexter
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Solomon

(Address) 1718 Brunt Street

HARRY O. ANDREWS, CIRCUIT CLERK.

Re

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 18

that I last saw h alive on May 18

and that death occurred, on the date stated abo

M. CAUSE OF DEATH (Secondary or

Whisko-Enter

Con'ributor

(Signed)

Add

D

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city

HEALTH DEPARTMENT, City of Baltimore.

C-1164

missing

HEALTH [illegible], CITY OF BALTIMORE.

[illegible]CE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C1165

CERTIFICATE OF DEATH.

Registered No. B C

City of Baltimore, (No. 1853 W Pratt St; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occ... a Hospital or Inst... give its NAME ... of street and num...

FULL NAME Elisabeth Stark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: September (Month) 20 (Day) 1820 (Year)

AGE: 86 years, 8 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Hanover Germany

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Hanover Germany

MAIDEN NAME OF MOTHER: Elisabeth family name unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Stark (daughter)

(Address) 1853 W Pratt St.

Filed 5/19/1907

HARRY C. ANDREWS, PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 16th (Day) 19[illegible] (Y...)

I HEREBY CERTIFY, That I attended deceased f... May 10 1907 to May 13 1907 that I last saw h... alive on May 13 1907 and that death occurred, on the date stated above, at ...P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) John Darnall M. D.

May 17 1907 (Address) 649 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	May 19th 1907
UNDERTAKER	ADDRESS
Jos. Stuntebeck	1318 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1166

City of Baltimore, (No. 1644 Jackson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman. Lorenz

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 18 1906
(Month) (Day) (Year)

AGE 1 years, 3 months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER Herman Lorenz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maria Berkley

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Lorenz

(Address) 1644 Jackson St

Filed 5/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to May 18 1907

that I last saw him alive on May 18 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3 DAYS

Contributory asthenia

(DURATION) DAYS

(Signed) Reginald Dill M. D.

May 19 1907 (Address) Lombard & Stre

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Cross A. C. | DATE OF BURIAL May 20 1907

UNDERTAKER Jos Stumbeck | ADDRESS 1318 Light St

Ward 7 C 1167 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 South Bond St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Philip Cohn

{Residence, if in Baltimore, Give Street and Number.} 119 S. Bond st.

Duration of Residence in Baltimore. 14 months

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH February 14th 1906

AGE 1 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) new-York

FULL NAME OF FATHER Adolph Cohn

BIRTHPLACE OF FATHER (State or country) Roumania

MAIDEN NAME OF MOTHER Ethel Shwartz

BIRTHPLACE OF MOTHER (State or country) Roumania

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Cohn

(Address) 119 S Bond st

Filed 5/19/1907 S.V.B. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 11.30 P.M. 1907

I HEREBY CERTIFY, That I attended deceased from May 15th 1907 to May 18th 1907 that I last saw him alive on May 18th 1907 and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia extensive involvement of both Lungs, rapidly spreading (DURATION) 4 DAYS

Contributory (Primary.) Gastro Enteritis acuta (DURATION) 7 DAYS

(Signed) Morris Abramovsky M.D.

Address 1210 E. Baltimore st.

Date May 19th 1907

Place of Burial Philip Rd Woods Dale Del

Date May 19, 1907

Undertaker Max Lennyan

Address 1620 Mc Elderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C 1168 — Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 235 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Parker

{Residence, if in Baltimore, Give Street and Number.} 235 N Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Col

DATE OF BIRTH: July 18th 1907

AGE: 0 years, 10 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Lee Parker

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Viola Mathews

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Viola Mathews

(Address) 235 N Bruce St

Filed 5/19/1907 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1907

I HEREBY CERTIFY, That I attended deceased from May 18th 1907 to May 18th 1907 that I last saw him alive on May 18th 1907, and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Chas D. Watkins M.D.

Address 125 S Fulton Ave

Date May 19th 1907

Place of Burial Mount Auburn Cemetery

Date May 20th 1907

Undertaker Felix B Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 1169

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1302 Hollins Al. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laurence Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Louis C. Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Forrest Johnson

(Address) 920 Druid Av.

Filed 5/19/1907 S.L.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 14th 1907 to May 18th 1907

that I last saw h~~im~~ alive on May 17th 1907,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Acute Intercostalis

Adm. Dis. ..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Silas Bartman M. D.

5/19 1907 (Address) 700 Log. Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: May 20th 1907

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Ward 16 C1170 Registered No. B C1170

CERTIFICATE OF DEATH.

(Place of Death.) No. 876 N. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice E Caynor

{Residence, if in Baltimore, Give Street and Number.} Washington D.C.

Duration of Residence in Baltimore. 10 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Not Known 1

AGE: 60 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Georgetown D.C.

FULL NAME OF FATHER: Nat Knowon

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Cissel

(Address) 876 N. Balto St

Filed May 20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to May 18 1907 that I last saw her alive on May 18 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate

Angina Pectaris

(DURATION) 1 hour

Contributory (Primary.)

(DURATION) DAYS

(Signed) L E Brack M.D.

Address 837 N Fayette St

Date May 19 1907

Place of Burial Washington D.C.

Date 5/21/07 1907

Undertaker Wm J Schillinger

Address 915 N Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... give "S... SEX DATE AGE SINGL WIDO BIRTH (State FULL OF FA BIRTH OF FA (State MAIDE OF MO BIRTH OF MO (State OCCU OF DE THE A BEST (Inform Filed

Ward 7 C 1171 Registered No. B C 1171

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 St. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan E. Thompson

{Residence, if in Baltimore, Give Street and Number.} 1900 St. Charles St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 28 1841

AGE 66 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John G. Knapp

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Harriet Ford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Knapp

(Address) 1900 St Charles St,

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from April 17 1907 to May 17 1907 that I last saw her alive on May 17 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) General Paralysis (DURATION) 28 DAYS

(Signed) R. E. R. Campbell M.D.

Address 1644 Hanover St,

Date May 17 1907

Place of Burial Green Mount

Date May 20 1907

Undertaker E. Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1172 Registered No. B ....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 860 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Henry and Clara Stein

{Residence, if in Baltimore, Give Street and Number.} 860 W Pratt St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 18 1907

AGE — years, — months, ½ hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry A Stein

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Clara Landbeck

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. E. Mure

(Address) 155 Columbia Av

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to May 19 1907 that I last saw him alive on May 19 1907, and that death occurred, on the date stated above, at 12 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(about 6 months)

½ hour (DURATION) DAYS

Contributory (Primary.) Asthenia

½ hour (DURATION) DAYS

(Signed) Jos. E. Mure M.D.

Address 155 Columbia Av

Date May 19 1907

Place of Burial Baltimore Cemetery

Date May 20 1907

Undertaker Jos. Sherman

Address 901 Collins Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C 1173 — Registered No. B C 1173

CERTIFICATE OF DEATH.

(Place of Death.) No. 932 W Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Shea

{Residence, if in Baltimore, Give Street and Number.} 932 W Lafayette St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 27 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Shea

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Larkin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Shea

(Address) 932 W Lafayette

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to May 17 1907

that I last saw h[illegible] alive on May 16 1907,

and that death occurred, on the date stated above, at 12.15 M. CAUSE OF DEATH (Secondary or Immediate)

a Pulmonary Tuberculosis

Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) John T. McCarthy M.D.

Address 1516 W Franklin St

Date May 19 1907

Place of Burial Mem Cathedral

Date May 22 1907

Undertaker John Logan

Address 904 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Dr. Mc Carthy

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 1174 Registered No. B C 1174

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 N. Calvert St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Calvin W. Hendrick Jr

{Residence, if in Baltimore, Give Street and Number.} 1125 N. Calvert St

Duration of Residence in Baltimore. about 18 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Oct 19 1893.

AGE 13 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Macon / Georgia

FULL NAME OF FATHER Calvin W. Hendrick

BIRTHPLACE OF FATHER (State or country) Paducah, Kentucky

MAIDEN NAME OF MOTHER Sarah Rebecca Herring

BIRTHPLACE OF MOTHER (State or country) Covington, Georgia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Whitridge

(Address) 1203 Cathedral St- Baltimore

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1907

I HEREBY CERTIFY, That I attended deceased from March 8th 1907 to May 18th 1907 that I last saw him alive on May 18th 1907, and that death occurred, on the date stated above, at 7 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Embolism of the Postonin inferior Cerebellar Artery

(DURATION) 17 DAYS

Contributory (Primary.) Ulcerative endocarditis (rheumatic) (DURATION) 130 DAYS

(Signed) Thomas B Futcher M.D.

Address 3 W. Franklin St

Date May 20th 1907

Place of Burial Greenmount Cem

Date May 20" 1907

Undertaker Hy W. Jenkins & Sons Co

Address Howard & Madison Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1175 Registered No. B C 1175

CERTIFICATE OF DEATH.

(Place of Death.) No. 424 S. Paca st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Adams

{Residence, if in Baltimore. Give Street and Number.} 424 S. Paca st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 18 " 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt md

FULL NAME OF FATHER: Peter Adams

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: May Rubyffkie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Adams

(Address) 424 S Paca St

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1907

I HEREBY CERTIFY, That I attended deceased from May 18th 1907 to May 19th 1907 that I last saw him alive on May 18th 1907, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart

(DURATION) 1 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas L. Cuddeback M.D.

Address 418 S. Paca st

Date May 19th 1907

Place of Burial St Alphonsus

Date May 20 " 1907

Undertaker J. S Frick

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1176 Registered No. B C 1176

CERTIFICATE OF DEATH.

(Place of Death.) No. 731 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie K Gebelein

{Residence, if in Baltimore, Give Street and Number.} 731 N Castle st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 24th 1868

AGE: 38 years, 5 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Paul Scheuerman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Eierman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Gebelein

(Address) 731 N Castle st

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17 / 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 17 1907 that I last saw h~~e~~r alive on May 17 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

Unknown (DURATION) ~~DAYS~~

Contributory (Primary.) Miscarriage

Unknown (DURATION) 7 DAYS

(Signed) N. Bachuber M.D.

Address 1129 W. Fayette Ave.

Date May 18 1907

Place of Burial London Park Cemetary

Date May 20th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1177

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 908 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Feldman.

{Residence, if in Baltimore, Give Street and Number.} 908 Druid Hill Ave.

Duration of Residence in Baltimore. 4½ yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 20 1873

AGE: 33 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Simon Feldman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sophie Fuchs.

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Feldman

(Address) 918 Druid Hill Ave

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 — 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to May 18 1907 that I last saw her alive on May 18 1907, and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2. DAYS

Contributory (Primary.) Miliary Tuberculosis. (DURATION) ..... DAYS

(Signed) M. A. Weinberg M.D.

Address 742 W. Fayette St

Date May 19 1907

Place of Burial Hebrew Philip Rd. Roas. Dale

Date May. 20, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward P C 1178 Registered No. B C 1178

C 1178

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 Bennecke av (Hampden) St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Gladys E King

{ Residence, if in Baltimore, Give Street and Number. } 2 Bennecke Av (Hampden)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Oct 28th 1906

AGE: — years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas R King

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Abbie Roby

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abbie Roby King

(Address) 2 Bennecke Av

Filed 5/20 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to May 19 1907 that I last saw her alive on May 18 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia + Collapse

(DURATION) 3 DAYS

Contributory (Primary) Cerebro-Spinal Meningitis (DURATION) 8 DAYS

(Signed) Th. H. Feddeman M.D.

Address 800 1st Ave

Date May 19th 1907

Place of Burial Laurel Prince georges Co Md

Date May 21st 1907

Undertaker Albert F Phillips

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

26

CERTIFICATE OF DEATH.

Registered No. BC 1179

City of Baltimore, (No. 2914, Cedar Ave St. 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Zimmerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 27 / 1883 (Month / Day / Year) 1

AGE: 24 years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: Jacob F. Zimmerman

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Annie Wilson

BIRTHPLACE OF MOTHER (State or country): Baltimore Co.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. W. Zimmerman

(Address) 2914 Cedar

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to May 18 1907

that I last saw him alive on May 13 1907,

and that death occurred, on the date stated above, at 7.50 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Larynx.

(DURATION) 6 Months

Contributory Pulmonary involvement of Left Apex (DURATION) 4 Months

(Signed) A. O'Reilly M. D.

May 19 1907 (Address) 1 W Mulberry St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: May 20 1907

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Rd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C1180

C1180

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Rehoboth of Lenora & Marcela Floyd St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name 308 N. Ann St

{ Residence, if in Baltimore, Give Street and Number. } 308 N. Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR B

DATE OF BIRTH 1

AGE X years, 2 months, X days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Marcela Floyd

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lenora Harris

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenora Floyd

(Address) 308 N Ann St

Filed 5/20 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. R. Carman M.D.

Address Corner Md

Date May 18 1907

Place of Burial Asbury Cemetary

Date May 20 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ... giv...

SEX

DATE

AGE

SING... WIDO...

BIRTH... (State...

FULL... OF F...

BIRTH... OF F... (State...

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BIRTH... OF M... (State...

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(Infor...

Filed 5/...

Ward 1 — C 1181 — Registered No. B C 1181

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 East Lafayette Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ezekiel D. Wells

{Residence, if in Baltimore, Give Street and Number.} 306 E. Lafayette Ave

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 5th 1858

AGE 48 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Joseph Wells

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Mary C. Hall

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Wells

(Address) 306 E. Lafayette Ave.

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1907

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to May 18th 1907 that I last saw h[im] alive on May 18th 1907, and that death occurred, on the date stated above, at 11-30 A.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Empyema Following a Pleuro-Pneumonia

(DURATION) 90 DAYS

Con'tributory (Primary.) Pleuro-Pneumonia

(DURATION) 21 DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Broadway

Date May 18th 1907

Place of Burial Greenmount Cemetery

Date May 20" 1907

Undertaker Henry W. Mears Jr

Address 7 West North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C1182 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 938 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of John and Mary Blackwell
Full Name

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	May 18th 1907
AGE	6 hours (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Blackwell
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Mary Johnson
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Blackwell

(Address) 938 Leadenhall St

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ on May 18 1907 to 190 ; that I last saw h alive on 190 , and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Premature labor - 6 mos infant - lived 6 hours.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Minerva Herrinton M.D.

Address 115 W. Barre St.

Date May 18 1907

Place of Burial Mount Auburn

Date May 20th 1907

Undertaker D. E. Braun & Son

Address 1108 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 1183 Registered No. B C 1183

56

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt. Royal Av. near Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E. Brandenberger

{ Residence, if in Baltimore, Give Street and Number. } 315 East 21 st. av

Duration of Residence in Baltimore. about eight mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: November 1

AGE: about Thirty-six Yrs. (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER: Wm. J. Brandenberger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria A Kreiss

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Brandenberger

(Address) 1214 W. Lafayette av.

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907..... to .....1907.....

that I last saw h..... alive on .....1907.....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Brain Lungs or Kidney. (Post Mortem by Dr. Kline)

Duration ..... (DURATION) ..... DAYS

Con'tributory (Primary.) alcoholism

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lex. av. (Comm.)

Date May 19th 1907

Place of Burial Phila, Pa

Date May 20th 1907

Undertaker M Furlong & Sons

Address 606 Lafayette Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 1184 Registered No. B C 1184

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 320 E 20th St. (If Death occurred in Hospital or institution, give Its Name instead of Street and Number.)

Full Name Florence R Schamberger

{Residence, if in Baltimore, Give Street and Number.} 320 E 20th St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 23 1884

AGE 22 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edward Nitch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Kacoby

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Charles Schamberger

(Address) 320 E 20th St

Filed 5/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs

(DURATION) 4 mo ~~DAYS~~

Contributory (Primary)

(DURATION) DAYS

(Signed) E Miles Wheeler M.D.

Address 2129 W Mulberry Ave

Date May 20 1907

Place of Burial New Cathedral

Date May 22 nd 1907

Undertaker M Faherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1185 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1552 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Farrell

{Residence, if in Baltimore, Give Street and Number.} 1552 Argyle Ave

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1841

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Wm Roche

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann McAndrews

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Farrell

(Address) 1552 Argyle Ave

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1907 to May 18 1907

that I last saw h[illegible] alive on May 18 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

about 1 year (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Leon Belle Brewster M.D.

Address 1027 Madison Ave

Date May 19 1907

Place of Burial St Mary's Emmanuel

Date May 21st 1907

Undertaker M Fisher & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1186

City of Baltimore, (No. 1220, Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Alex. Hayden

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: aug (Month) 7 (Day) 1880 (Year)

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys Co. Md.

FULL NAME OF FATHER: Jas. a Hayden

BIRTHPLACE OF FATHER (State or country): St. Marys Co. Md.

MAIDEN NAME OF MOTHER: Mary J. Thompson

BIRTHPLACE OF MOTHER (State or country): St. Marys, Co, Md.

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks

(Address) 17 S. Calhoun st

Filed 5/20/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from about 3 yrs ago to May 18 1907

that I last saw him alive on May 12 1907,

and that death occurred, on the date stated above, at 2 a m. The CAUSE OF DEATH was as follows:

Pulm. Tuberculosis

Immediate Cause - Pulm. Hemorrhage

2 or 3 yrs (DURATION) DAYS

Contributory Pulm. Tuberculosis

(DURATION) DAYS

(Signed) Wm L. Thomas M. D.

May 18 1907 (Address) 633 Carrollton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Marys. Co. Md. Leonard Town

DATE OF BURIAL: 5-21 1907

UNDERTAKER: Robt. Brookes Son

ADDRESS: 17 S Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 1187 Registered No. B C 1187.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Shultz

{Residence, if in Baltimore, Give Street and Number.} 1015 N Stricker

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: June 8 1838

AGE: 69 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jno. M Symonds

BIRTHPLACE OF FATHER (State or country): Boston

MAIDEN NAME OF MOTHER: Susan Evans

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Louise Shultz

(Address) 1015 N. Stricker st

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to May 17 1907

that I last saw her alive on May 17 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

4 mo 17 days (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Newman M.D.

Address 16 S Monroe

Date May 17 1907

Place of Burial Loraine Cemetery & Govanstown

Date May 20 1907

Undertaker H. Allen Tubbert

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B C1188 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 E Church — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mamie Dust. —

{Residence, if in Baltimore, Give Street and Number.} 223 E Church St. —

Duration of Residence in Baltimore. Life. —

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH City July 7 1902

AGE 4 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Herman Dust

BIRTHPLACE OF FATHER (State or country) Chicago Cook County Ill

MAIDEN NAME OF MOTHER Nancy Alice Tasker

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Herman Dust

(Address) 223 E Church St

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to May 19 1907 that I last saw h e alive on May 18 1907, and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis. —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date May 19 1907

Place of Burial St Marys Cem Camden

Date May 21 1907

Undertaker John E Ehrmantraut

Address 1438 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 1189

C 1189

CERTIFICATE OF DEATH.

(Place of Death.) No. 1633 N. Augusta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stellen F. Burke

{Residence, if in Baltimore, Give Street and Number.} 1633 N. Augusta St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH October 23 1890

AGE 16 years, 6 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John T. Burke

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Lilly Flaherty

BIRTHPLACE OF MOTHER (State or country) Albany N. Y.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1633 N. Augusta St

Filed 5/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18, 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 18 1907

that I last saw her alive on May 18 1907

and that death occurred, on the date stated above, at 9 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Meningitis

Several days' (DURATION) DAYS

Contributory (Primary.) Mental over taxation & worry over death of father (DURATION) DAYS

(Signed) C. A. C. Elwell, M.D.

Address 1741 Hayford Ave

Date May 19, 1907

Place of Burial New Cathedral Cemetery

Date May 21st 1907

Undertaker Henry Hoeck Son

Address 1307 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 1190

C 1190

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 Abbot St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victoria Koenig

{Residence, if in Baltimore, Give Street and Number.} 1624 Abbot st.

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE in her 67 years, ... mont's, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER not know

BIRTHPLACE OF FATHER (State or country) not know

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED house work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1624 Abbot St

Filed 5/20 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov 19 — 1905 to May 19 — 1907

that I last saw her alive on " " 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis of left side

18 months (DURATION) DAYS

Con'ributory (Primary.) ——

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date May 19 — 1907

Place of Burial Holy Redeemer Cemetery

Date May 22 nd. 1907

Undertaker Henry Hoecks & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B ..... c 1191

c 1191

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gerard. P. Morris

{Residence, if in Baltimore, Give Street and Number.} 1210 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 17th 1905
AGE	1 years, 6 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Alfred Morris
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Catherine Kastel
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. A. Morris

(Address) 1210 E. Eager St.

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1907

I HEREBY CERTIFY, That I attended deceased from May 10th 1907 to May 19th 1907

that I last saw him alive on May 18th 1907

and that death occurred, on the date stated above, at 8:20 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date May 19th 1907

Place of Burial Holy Redeemer Cem.

Date May 20 190

Undertaker Henry Hoeck & Son

Address 130 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 1192

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 1602 Barnes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Radford

{Residence, if in Baltimore, Give Street and Number.} 1602 Barnes St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 13 March 1907

AGE ~~2 Months~~ years, 2 months, ~~6 days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sg

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Radford

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Sophia Kuebler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Radford

(Address) 1602 Barnes St

Filed 5/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1907

I HEREBY CERTIFY, That I attended deceased from 12 May 1907 to 19 May 1907

that I last saw her alive on 19 May 1907,

and that death occurred, on the date stated above, at 2 30 M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

Feeble

Congenital

Debility

(DURATION) 7 DAYS

Contributory (Primary) ~~Bronchitis~~

Intussusception and Exhaustion (DURATION) DAYS

(Signed) C. J. Lemmy M.D.

Address 1020 N. Wolfe St

Date Baltimore May 19 1907

Place of Burial Holy Redeemer Cemetery

Date May 20th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cas notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the tting forth, as far as the same can be ascertained, the full deceased, and the *cause*, *date of death*, *condition* (whether married or si

C 1193 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Koastel

{Residence, if in Baltimore, Give Street and Number.} 1210 E. Eager St

Duration of Residence in Baltimore. 57 years C1193.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Bunn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): ....

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Morris

(Address) 1210 E. Eager St

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20 1907

I HEREBY CERTIFY, That I attended deceased from at intervals for several years 190 to May 20 1907

that I last saw h.. alive on May 19 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Debility & Exhaustion (DURATION) ..... DAYS

Contributory (Primary.) Chronic Bronchitis (DURATION) ..... DAYS

(Signed) Walter N. Wade M.D.

Address 1107 N. Broadway

Date May 20 1907

Place of Burial Holy Redeemer Cemetery

Date May 23 rd 1907

Undertaker Henry Hock & Son

Address 1201 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1194

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1194

City of Baltimore, (No. Franklin Sy Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Maggie Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white.

DATE OF BIRTH: April (Month) 1 (Day) 1876 (Year)

AGE: 31 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John. Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maggie Marsh

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amelia Doetsch

(Address) 1022 Russell st

Filed 5/20 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 18 1907 that I last saw her alive on May 18 1907, and that death occurred, on the date stated above, at 10.20 P. M. The CAUSE OF DEATH was as follows:

Septicemia

(Puerperal a.D.J.)

(DURATION) 2 DAYS

Contributory Infection of uterus

(DURATION) 3 DAYS

(Signed) [illegible] M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1022 Russell St How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: May 21 1907

UNDERTAKER: Wm J. Fickner & Sons

ADDRESS: 425 W. Lemmon St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C1195 C 1195 Registered No. B C 1195

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 N Mount St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman Roth

{Residence, if in Baltimore, Give Street and Number.} 1016 N Mount St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 3 1860
AGE	46 years, 5 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Henry Roth
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Flugrt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Roth

(Address) 1016 N. Mount St.

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17th 1907

I HEREBY CERTIFY, That I attended deceased from May 13th 1907 to May 17th 1907

that I last saw him alive on May 17th 1907

and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Egbert L. Mortimer M.D.

Address 1251 Fulton Ave

Date May 18th 1907

Place of Burial London Park

Date May 20 1907

Undertaker W. J. Pickney Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Dr Mortimer Fulton 1251 N Fulton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1196

Home of the Aged of M E Church

City of Baltimore, (No. Franklin & Fulton St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emmeline Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Mar 29 1830 (Month) (Day) (Year)
AGE	77 years, 1 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Pennsylvania
FULL NAME OF FATHER	John H. Whili
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Hannah Whili
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Mazeinus

(Address) Franklin & Fulton

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 1 1907 to May 19 1907 that I last saw h[illegible] alive on May 18 1907, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Cardiac Carcinoma

(DURATION) 6 mos DAYS

Contributory Cachexia

(DURATION) DAYS

(Signed) [illegible] M. D.

May 20 1907 (Address) 76 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ballo. cemetery	May 20 1907
UNDERTAKER	ADDRESS
Geo J Smith Co	W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C 1197

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2235 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Schmelz

{Residence, if in Baltimore, Give Street and Number.} 2235 E. Baltimore st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: August 22nd 1831

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. H. C. Schlueter

(Address) 2235 E. Baltimore st

Filed 5/20 190 7

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3 Oclock P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) ..... DAYS

Contributory (Primary.) E. Chandler

(DURATION) ..... DAYS

(Signed) Fred Carruth M.D.

Address 2229 E. Baltimore St.

Date ..... 190 .....

Place of Burial Western Cemetary

Date May 21st 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C 1198 Registered No. B C 1198

C1198

CERTIFICATE OF DEATH.

7 V

(Place of Death.) No. 776 Mc Henry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Bowers

{Residence, if in Baltimore, Give Street and Number.} 776 Mc Henry St.

C1198

Duration of Residence in Baltimore. 3 wks.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem	COLOR Wht
DATE OF BIRTH	Mapl 29 1907
AGE ....years, ...months, 21 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wm. J. Bowers
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Pearl L. Duckett
BIRTHPLACE OF MOTHER (State or country)	Balt
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W J Bowers

(Address) 776 Mc Henry St

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 20 1907

that I last saw h-r alive on May 20 1907

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

1 hour (DURATION) DAYS

Con tributory (Primary.) Apnoea

1 hr (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 739 or Fayette

Date May 20 1907

Place of Burial St Peters

Date May 20 1907

Undertaker J & B Cook

Address 1003 Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1199

City of Baltimore, (No. 1102 Mosher St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George R. Chapman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: May (Month) 18 (Day) 1907 (Year)	
AGE: 74 years, 4 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Carroll Co Md	
FULL NAME OF FATHER: Amrod Chapman	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Ruth Headington	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Clerk.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha E. Chapman

(Address) 1102 Mosher St

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 18 1907

that I last saw him alive on May 17 1907,

and that death occurred, on the date stated above, at ——

The CAUSE OF DEATH was as follows:

Paralysis of Left Side

(DURATION) 10 DAYS

Contributory Apoplexy

(DURATION) 7 DAYS

(Signed) Geo. Wilborn M. D.

1907 (Address) 703 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park	DATE OF BURIAL: May 20 1907
UNDERTAKER: Jos B Cook	ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1200

City of Baltimore, (No. J. S. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Black

DATE OF BIRTH: [illegible] 1 (Month) (Day) Year)

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: - - -

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) JOHNS HOPKINS HOSPITAL

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to May 11 1907 that I last saw h[illegible] alive on May 11 1907, and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Oedema Lungs.

(DURATION) 36 DAYS

Contributory Bright's Disease Chronic

Mitral Regurgitation (DURATION) ..... DAYS

(Signed) [illegible] M. D.

May 11 1907 (Address) JS Hosp

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: May 18 1907

UNDERTAKER: [illegible]

ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

351

C 1201 Registered No. B

CERTIFICATE OF DEATH.

166

(Place of Death.) No. near Fulton Station W. Md. R.R.S.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } "

Duration of Residence in Baltimore. "

C1201

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Unknown 1

AGE: about 45 yrs

..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) information from domestic

(Address)

Filed 5/20 1907

HARRY C. ANDREWS,
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Thursday May 2nd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Crushed accidentally by a train cars, supposed to have been stealing a ride. Killed instantly. (DURATION) DAYS

Con'tributory (Primary.) accident (DURATION) DAYS

(Signed) Hiram Woodward M.D.

Address 710 Logan Ave. (Kenwood)

Date May 17th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date May 18 1907

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

130

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1202 Registered No. B C 1202

CERTIFICATE OF DEATH.

79

(Place of Death.) No. McMechen & McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Simm

{Residence, if in Baltimore, Give Street and Number.} 1209 Jenkins Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 40 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Benjamin Simm	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Simm

(Address) 1618 Division St.

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 15th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Indefinite (DURATION) ... DAYS

Con'tributory (Primary.)

... (DURATION) ... DAYS

(Signed) Lilian Baldwin M.D.

Address 700 Eag. Ave. (Canton)

Date May 15th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date May 18th 1907

Undertaker ✓

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

38

130

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 N. Central ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Clayton.

{Residence, if in Baltimore, Give Street and Number.} 735 N. Central ave.

Duration of Residence in Baltimore.

C1203

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 25th 1824

AGE 82 years, 11 months, 23 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Elliott

BIRTHPLACE OF FATHER (State or country) U. S. Scotland.

MAIDEN NAME OF MOTHER Eliz Summerville

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E. Clayton

(Address) 1328 N Darling ave

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 18 1907

I HEREBY CERTIFY, That I attended deceased from Apr 15 1907 to May 18 1907

that I last saw h N alive on May 18 1907,

and that death occurred, on the date stated above, at 8:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

7 years (DURATION) DAYS

Contributory (Primary.) Influenza

Extraction of fever (DURATION) — DAYS

(Signed) Arthur Wrightson M.D.

Address 1207 S. Monument St

Date May 19 1907

Place of Burial Greenmount Cemetery

Date May 21st 1907

Undertaker Liston P. Funkenbusch

Address 570 W Fay street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1204

CERTIFICATE OF DEATH.

(Place of Death.) No. 2437 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William S Arthur

{ Residence, if in Baltimore, Give Street and Number. } 2437 Barclay St C 1204

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 2nd 1880

AGE: 27 years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry J Arthur

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Jenkins

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J Arthur

(Address) 223 N Eutaw St

Filed 3/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to May 18 1907

that I last saw him alive on May 18 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac arrhemia

14 hours (DURATION) ~~DAYS~~

Contributory (Primary.) Chronic Nephritis

of several months (DURATION) ~~DAYS~~

(Signed) Henry J. Berkley M.D.

Address 1305 Park Ave

Date May 18 1907

Place of Burial Green Mt Cemetery

Date May 21st 1907

Undertaker Stewart Thowers Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Henry J Berkley 1302 Park ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1800 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Almira A. Leonard

{Residence, if in Baltimore, Give Street and Number.} 1800 Madison

Duration of Residence in Baltimore. ~~35 years~~ 65 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH November 1st 1837	
AGE 69 years, 6 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Samuel Stonebraker
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Margaretta Pennell
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Douglas Leonard

(Address 1033 Madison Avenue

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20. 1907

I HEREBY CERTIFY, That I attended deceased from May 15. 1907 to May 19. 1907. that I last saw h er alive on May 19. 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion and Coma

(DURATION) 5 DAYS

Contributory (Primary.) Myocarditis & dilatation of heart (Cholecystitis (DURATION) 35 DAYS

(Signed) Alfred Wanstall M.D.

Address 921 Cathedral St.

Date May 20 1907

Place of Burial Green Mt Cemetery

Date May 23rd 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C1206

CERTIFICATE OF DEATH.

(Place of Death.) No. 742 Patapsco Court St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William H Young

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: 1879

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Young

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eden

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to May 9 1907

that I last saw him alive on May 9 1907,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Walter Boston M.D.

Address 1800 W Balto St

Date May 18 1907

Place of Burial Loudon Park

Date May 21st 1907

Undertaker John J Fields

Address 1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 1207

City of Baltimore, (No. 418 East 25th St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 30 (Day) 1862 (Year)

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Cox

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cox

(Address) 418 E 25th St

Filed 5/20 1907. HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 13th 1907 to May 17th 1907 that I last saw him alive on May 17th 1907, and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Double Pneumonia

(DURATION) 3 DAYS

Contributory —

(DURATION) DAYS

(Signed) Geo H Baines M. D.

May 20th 1907 (Address) 21 W 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 21 1907

UNDERTAKER: E P Whitefield — ADDRESS: 2113 Fremont Ave

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***ty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hyman Smith

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

C 1208

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colh

DATE OF BIRTH: Oct. 16 1907

AGE: — years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M E Lauman

(Address) 2005 Madison Ave.

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to May 19 1907

that I last saw her alive on May 18 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 24 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Mrs M E Lauman M.D.

Address 2005 Madison Ave

Date May 19 1907

Place of Burial Cathedral Cemetery

Date May 21 st 1907

Undertaker Felix B Poe

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Green

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

C 1209

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Feb. 8 1907

AGE: — years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2005 Madison Ave.

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 21 1907 to May 18 1907

that I last saw him alive on May 18 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

(Marasmus)

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClannan M.D.

Address 2005 Madison Ave

Date May 19 1907

Place of Burial Cathedral Cemetery

Date May 21 1907

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

CERTIFICATE OF DEATH.

Registered No. BC 1210

City of Baltimore, (No. 304 E Hamburg St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Arthur Von Lossberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 12 1903 (Month) (Day) (Year)

AGE: 3 years, 5 months, 7 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ernest R. Von Lossberg

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Alice Daggett

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Von Lossburg

(Address) 304 E Hamburg St.

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 19 1907 that I last saw h~~im~~ alive on May 18 1907, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 17 DAYS

Contributory Convulsions

(DURATION) 1 DAYS

(Signed) J Wesley Cole M. D.

May 19 1907 (Address) 735 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 21st 1907

UNDERTAKER: Geo Bentz — ADDRESS 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

ceased, and the ***cause and date of death.***

Ward ..... C 1211

Registered No. B ..... C 1211

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name W. Cowan

{ Residence, if in Baltimore, Give Street and Number. } 26 N. Broady

Duration of Residence in Baltimore. Life 36 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: July 1, 1837

AGE: 69 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Co., Md.

FULL NAME OF FATHER: Joshua Cowan

BIRTHPLACE OF FATHER (State or country): Balto. Co., Md.

MAIDEN NAME OF MOTHER: Jane Arnold

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cowan

(Address) Pikesville Md.

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1 1900 to May 18 1907 that I last saw h. liv alive on May 17 1907 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease and Locomotor Ataxia

7 Years (DURATION) DAYS

Contributory (Primary) Asthenia following

Uremic Coma (DURATION) 6 DAYS

(Signed) Geo. L. Wilkins M.D.

Address 6 N. Broady

Date May 18 1907

Place of Burial Greenmount Cemetery

Date May 21, 1907

Undertaker H. W. Means and Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1008 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Capt. Joseph H. Pate

{Residence, if in Baltimore, Give Street and Number.} 1008 E. Preston St.

Duration of Residence in Baltimore. Life

C-1212

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 11th 1827
AGE	80 years, 2 months, 9 days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	Widowed
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William Pate
BIRTHPLAOE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Mary Greeves
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Retired Pilot

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) The Family

(Address) 1008 E. Preston St.

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20th 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to May 19th 1907

that I last saw h.. alive on July 19 1907, 5.30

and that death occurred, on the date stated above, at ... a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of hand.

(DURATION) 183 DAYS

Contributory (Primary.) old age

Central Pneumonia (DURATION) 90 DAYS

(Signed) Edward [illegible] M.D.

Address 208 Augusta St

Date May 20th 1907

Place of Burial Greenmount Cemetery

Date MAY 22 1907

Undertaker Evans & Spence.

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 915 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rita M. Miller

{Residence, if in Baltimore, Give Street and Number.} 915 Harlem ave

C 1213

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 26th 1879

AGE: 27 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Jno. E. Miller

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary E. Wheeler

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Saleslady.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Miller

(Address) 1416 Mynter ave.

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 18 1907 that I last saw h.. alive on May 18 1907, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema
Collapse
Pulmonary T. B.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. Rivers M.D.

Address 1033 Edmondson ave

Date May 18 - 1907

Place of Burial New Cathedral

Date May. 21st 1907

Undertaker G. F. Walker.

Address 723 N. Eut. ave E.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1214 Registered No. B .....

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 242 S. Washington St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John Bauer

{Residence, if in Baltimore, Give Street and Number.} 242 S. Washington St.

Duration of Residence in Baltimore. Life

C1214

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. 14th 1839
AGE	67 years, 8 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Caspar Bauer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Bauer

(Address) 242 S. Washington St

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 16 1907 that I last saw him alive on May 17 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Diabetis Mel

(DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) J. C. Brades M.D.

Address 1143 N. Gay (

Date 190

Place of Burial Holy Redeemer Cem.

Date May 21st 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 118

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns. Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Edward Vetters

{Residence, if in Baltimore, Give Street and Number.} 127 Maryland Ave. Bertha

Duration of Residence in Baltimore. Lifetime

C 1215

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 12th 1892

AGE: 15 years, 1 months, 6 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward. Vetters.

BIRTHPLACE OF FATHER (State or country): Balto. Maryland

MAIDEN NAME OF MOTHER: Ida V. Turner

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Vetters

(Address) 127 Maryland ave Baltimore

Filed 5/20 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18th 1907

I HEREBY CERTIFY, That I attended deceased from May 3d 1907 to May 18th 1907

that I last saw him alive on May 18 1907

and that death occurred, on the date stated above, at 10 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

(DURATION) DAYS

Con'tributory (Primary) General Peritonitis

(DURATION) DAYS

(Signed) Harvey D. Stone M.D.

Address Johns. Hopkins Hospital

Date May 19th 1907

Place of Burial Holy Cross Cemetery. F.C.Co.

Date May 21st 1907.

Undertaker James Dignan & Son

Address 459 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C1216 79

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W Chapman

{ Residence, if in Baltimore, Give Street and Number. } La Plata Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 19 1907 that I last saw h[illegible] alive on May 19 1907, and that death occurred, on the date stated above, at 6 3 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

1

(DURATION) 3 DAYS

Contributory (Primary.) Heart disease

Arterio-sclerosis (DURATION) DAYS

(Signed) Lee A. Dorsey M.D.

Address City Hospital

Date May 20 1907

Place of Burial La Plata Md

Date May 20. 1907

Undertaker M Doyle and Son

Address 178 Dee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 1628 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E H Webster Haygate

{ Residence, if in Baltimore, Give Street and Number. } 1628 E Madison

Duration of Residence in Baltimore. Life

C 1217

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 7 1879

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Grantsville Md

FULL NAME OF FATHER: Martin Haygate

BIRTHPLACE OF FATHER (State or country): Hanford Co Md

MAIDEN NAME OF MOTHER: Amanda Van Horn

BIRTHPLACE OF MOTHER (State or country): Penns Co Pa

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie I Haygate

(Address) 1628 E Madison

Filed 5/20 1907 ✓

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to May 19 1907 that I last saw him alive on May 19 1907, and that death occurred, on the date stated above, at 1.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Cardiac Insufficiency due to Phthisis Pulmonalis

(DURATION) 3 yr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R P Caman M.D.

Address 1701 N Carlin M

Date May 20 1907

Place of Burial Druid Ridge

Date May 22 1907

Undertaker Robt Kenner

Address B'way Fulliver

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH. C 1218

(Place of Death.) No. 2436 E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G. Conover

{ Residence, if in Baltimore, Give Street and Number. } 2436 E Fayette

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 30 1876

AGE: 31 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Edw F Conover

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Mary E Rankin

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: Grocery

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J G Conover

(Address) 2436 E Fayette

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~May 19th~~ May 20th 1907

I HEREBY CERTIFY, That I attended deceased from March 8th 1907 to May 20th 1907

that I last saw h living alive on March 18th 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) Months

Contributory (Primary.)

(DURATION) DAYS

(Signed) J G Conover M.D.

Address 1507 E Fayette

Date May 20th 1907

Place of Burial St Vincents

Date May 21, 1907

Undertaker Robt J Lennon & Son

Address Bway & Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1331 N. Lombard St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name James William St. Leger

{ Residence, if in Baltimore, Give Street and Number. } 1331 N. Lombard St

Duration of Residence in Baltimore. Lifetime

C 1219

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: January 27th 1859	
AGE: 48 years, ____ months, ____ days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto City	
FULL NAME OF FATHER: Patrick St. Leger	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Honora Cusack	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Horse Shoer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Norton

(Address) 1331 N. Lombard St

Filed 5/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18th 1907

I HEREBY CERTIFY, That I attended deceased from May 12th 1907 to May 18th 1907 that I last saw h~~im~~ alive on May 18th 1907 and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 2 DAYS

Con'ributory (Primary.) Parenchymatous Nephritis (DURATION) 4 DAYS

(Signed) M Blaine M.D.

Address 110 S. Gilmor St

Date May 19th 1907

Place of Burial Saint Peters Cemetery

Date May 21 1907

Undertaker F A Krause Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1714 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna V. Short

{Residence, if in Baltimore, Give Street and Number.} 1714 Division St.

Duration of Residence in Baltimore. Twenty-five years C1220

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1714 Division St.

Filed 5/20 1907

HARRY C. ANDREWS, 2d
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 - 1907

I HEREBY CERTIFY, That I attended deceased from March 29 190 to May 18 190 7

that I last saw her alive on May 18 190 7,

and that death occurred, on the date stated above, at 5- a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

Several months (DURATION) — DAYS

Contributory (Primary.) Exposure

— (DURATION) — DAYS

(Signed) Edward J. Whalley M.D.

Address 1220 E. Lee St.,

Date May 18 1907

Place of Burial Mt. Auburn

Date May 21 — 1907

Undertaker R. J. Ellicott

Address 502 Reynolds Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Jones

{ Residence, if in Baltimore, Give Street and Number. } 524 Biddle Alley

Duration of Residence in Baltimore. .....

C 1221

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 524 Biddle alley

Filed 5/20 1907

(JAMES C. ANDREWS) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to May 18 1907

that I last saw him alive on May 18 1907 3 35

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) ..... DAYS.

Contributory (Primary.) Aortic & Mitral Insufficiency (DURATION) ..... DAYS.

(Signed) W. MacCallum M.D.

Address John Hopkins Hospital

Date 5/19 1907

Place of Burial Laurel Cemetery

Date May 21 1907

Undertaker R. A. Littell

Address 506 Rodgers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his to furnish within **eighteen hours after death,** is or her last sickness, or the Coroner, when the case comes un to the Undertaker, or other person superintending the burial, a cer forth, as far as the same can be ascertained, the d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 20 E. Church St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fanny Ford.

{ *Residence, if in Baltimore, Give Street and Number.* } 20 E. ChurchSt.

Duration of Residence in Baltimore. 4 yrs .

C1222

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

1

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va ~~Md~~ Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Robert Ford

(Address) 20 E Church St

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19/07. 190

I HEREBY CERTIFY, That I attended deceased from 5/9/07. 190 to 5/19/07. 190

that I last saw her alive on May 18/07. 190,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 11 DAYS

Contributory (Primary) Cardiac Paralysis

Momentary (DURATION) DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light St.

Date May 20/07. 190

Place of Burial Laurel

Date May 21 — 190 7

Undertaker W. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B ....

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 N Arch St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Miller

{ Residence, if in Baltimore, Give Street and Number. } 11 N Arch St

C1223

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Black

DATE OF BIRTH ....1....

AGE 60 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Eastern Shore Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Rachel Sweet

BIRTHPLACE OF MOTHER (State or country) Eastern Shore Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sweet

(Address) 11 N Arch

Filed 5/20/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 18 1907

that I last saw h.. alive on May 18 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Cardiac Asthenia

(DURATION) 3 DAYS

(Signed) D Monroe M.D.

Address 729 N Fayette St

Date May 19 1907

Place of Burial Mt Auburn Cemetery

Date May 21 1907

Undertaker R S Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

436 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Booth St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotta Seeley

{ Residence, if in Baltimore, Give Street and Number. } 912 Booth St

Duration of Residence in Baltimore. Life

C1224

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Blk

DATE OF BIRTH 1

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER Perry Courtis

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Maria Courtis

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Seeley

(Address) 1052 Robey St

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907

I HEREBY CERTIFY, That I attended deceased from Mch 19 1907 to May 19 1907 that I last saw h~~er~~ alive on May 19 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Breast

Cause (DURATION) DAYS

Con'tributory (Primary) Cachexia

Jaw (DURATION) DAYS

(Signed) T L Norwood M.D.

Address 939 N Fay Ave

Date May 19 1907

Place of Burial Laurel Cemetery

Date May 22 1907

Undertaker R A Gault

Address 506 Rutgers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registration No. B .....

CERTIFICATE OF DEATH. C1225

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Waverly Cox

{ Residence, if in Baltimore, Give Street and Number. } Sparrows Point Md ?

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1870

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Solomon Cox

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Maria Cox

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Manson Cox

(Address) Mckerin Va

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 19 1907

that I last saw him alive on May 19 1907

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hosp.

Date 5/20 1907

Place of Burial Mckerrin Va West-Point-Whalt

Date May 21 — 1907

Undertaker R & Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1226

THE ROBERT GARRETT HOSPITAL FOR CHILDREN

City of Baltimore, (No. No. 22, North Carey St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Johnson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 7 (Day) 1906 (Year)

AGE: ..... years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Johnson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Clara Zoura Drew

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother (Mrs. Clara Johnson)

(Address) 138 Lanvale Ave.

Filed 5/21/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 18 1907

that I last saw him alive on 18th May 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Marasmus

Opthalmia Gonorrhoeal

Admitted Hosp. May 8th (DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) Edw. Bevis M. D.

May 20 1907 (Address) THE ROBERT GARRETT HOSPITAL FOR CHILDREN, North Carey Street, BALTIMORE, MD.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: [redacted]

DATE OF BURIAL: May 22 1907

UNDERTAKER: [redacted]

ADDRESS: 176 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Scott.

{Residence, if in Baltimore, Give Street and Number.}

C 12.27

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to May 19 1907

that I last saw h-e alive on May 19 1907,

and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Con'ributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date May 19 1907

Place of Burial Sacred Heart

Date May 21" 190 7

Undertaker Evans & Spence

Address 1870 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

lic Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***wenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same an be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. D.....

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 12 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benj. Trotter.

{Residence, if in Baltimore, Give Street and Number.} 12. S. Broadway. C 1228

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ....1....

AGE in Yrs 81 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas Trotter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Olga Battee

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Merchant Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara Trotter Wife

(Address) 12 S Broadway

Filed 5/21/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Died. May. 20 th 1907

I HEREBY CERTIFY, That I attended deceased from April 1st 1907 to May 20 1907 that I last saw h.. alive on May 19 1907, and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility (DURATION) ....DAYS

Contributory (Primary.) Carcinoma Pylorus (DURATION) ....DAYS

(Signed) Ed. Kirk M.D.

Address 1610 E. Baltimore St

Date May 20/07 1907

Place of Burial Greenmount CEMETERY.

Date MAY 22 1907 190....

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 12927

(Place of Death.) No. 2342 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Danz

{Residence, if in Baltimore, Give Street and Number.} 2342 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH December 7th 1871

AGE 36 years. 5 months. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Henry Danz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ellenora Fuhr

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellenora Danz

(Address) 2342 E. Monument st

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20th 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 20 1907

that I last saw him alive on May 17 1907

and that death occurred, on the date stated above, at 9:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis
Pulmonis

(DURATION) 12 DAYS

Contributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans st

Date May 21 1907

Place of Burial Immanuel Cemetary

Date May 23rd 1907

Undertaker Christian Miller

Address 2334 Jefferson st

W. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. BC 1230

City of Baltimore, (No. 1337 N Stricker St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Worrell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colrd Blk

DATE OF BIRTH: Jan 25th 1907 (Month) (Day) (Year)

AGE: ..... years, 3 months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lewis Tunnell

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Amelia Mackbeth

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Worrell

(Address) 1337 Stricker St

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 20th 1907 to May 20th 1907

that I last saw h alive on May 20th 1907,

and that death occurred, on the date stated above, at 10 a m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 2 DAYS

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

1907 (Address) 854 Pussima

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: May 21 1907

UNDERTAKER: [illegible]

ADDRESS: 1408

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

121

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Iura, Mary Hatcherson

{Residence, if in Baltimore, Give Street and Number.} Worton, Md. — C1231

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kent County Md

FULL NAME OF FATHER: Thos B Willson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Henretta Willson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Hatcherson

(Address) 403 N Mount St.

Filed 5/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20, 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 20 1907 that I last saw h[er] alive on May 20 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Peri nephritic abscess (DURATION) DAYS

(Signed) J. H. Smith Jr. M.D.

Address Junior Hospital

Date May 20, 1907

Place of Burial Worton Md (Tolchester)

Date May 21st 1907

Undertaker William Cook

Address 507 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

enty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 120 N Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maurice O Connor

{Residence, if in Baltimore, Give Street and Number.} 120 N Poppleton

Duration of Residence in Baltimore. 40 yrs

C 1232

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH	—
AGE	61 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Duval

(Address) 120 N Poppleton

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from May 19 1907 to May 20 1907 that I last saw h im alive on May 19 1907, and that death occurred, on the date stated above, at 11.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy 1

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo A Stramus M.D.

Address 420 Hanover St

Date May 21 1907

Place of Burial St Peters Cem

Date May 23 1907

Undertaker Wm Cook

Address 602 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2530 Caulton Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry Hohmann

{Residence, if in Baltimore, Give Street and Number.} 2530 Caulton Ave C 1233

Duration of Residence in Baltimore. 54 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Oct 1st 1825

AGE 81 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Betty

(Address) 428 N. Washington St

Filed 5/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 19th 1907

that I last saw him alive on May 18th 1907,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) LaGrippe & Senile

Phthisis —

(DURATION) DAYS

(Signed) Herman L. Guerue M.D.

Address 1937 Caulton Ave.

Date May 20th 1907

Place of Burial St Pauls Cemetery

Date May 21st 1907

Undertaker H. P. [illegible] & SONS.

Address 1705-1710 Clifton Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1234

City of Baltimore, (No. 602, S. Patterson Pk. Ave.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Richard Dodson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: January (Month) 10 (Day) 1900 (Year)

AGE: 7 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Thomas Edward Dodson.

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Bertha Nitzel.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Edward Dodson

(Address) 602 S Patterson Park Ave

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to May 18 1907 that I last saw h im alive on May 18 1907, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Meningites (tuberculous?)

(DURATION) 9 DAYS

Contributory Inanition

(DURATION) 9 DAYS

(Signed) Roades Fayerweather M. D.

May 19 1907 (Address) 714 Park ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: 1st Evangelical Lem.

DATE OF BURIAL: May 22 1907

UNDERTAKER: H. SANDER & SONS,

ADDRESS: 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

Registered No. B

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry J. Stroub

{Residence, if in Baltimore, Give Street and Number.} 435 N. Patterson Park Ave

Duration of Residence in Baltimore. 32 yrs C1235

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 7th 1832

AGE: 75 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm Stroub

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Brasch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Stroub

(Address) 435 N. Patterson Park Ave

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 18 1907

that I last saw him alive on " 17 1907 8:30 P.M.,

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

6 wks (DURATION) DAYS

Con'tributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) Frank C. Boerstler M.D.

Address 1713 Bank St.

Date May 20 1907

Place of Burial 1st Evangelical Cem.

Date May 21st 1907

Undertaker H. Sander & Sons

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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SEX

DATE OF

AGE

SINGLE, WIDOWE

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Filed 5/21

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm Groom.

{ Residence, if in Baltimore, Give Street and Number. } C1236.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 51 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Rowgey Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/21 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

1249

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907

I HEREBY CERTIFY, That I attended deceased from May 3 1907 to May 19 1907 that I last saw h in alive on May 19 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Plantation

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hosp.

Date May 19 1907

Place of Burial HOPKINS HOSPITAL

Date 190

Undertaker William H Wooden

Address 1811 Allen St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Irving Hopkins

{Residence, if in Baltimore, Give Street and Number.}

C1237

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ....1....

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM

Filed 5/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to May 19 1907

that I last saw h.. alive on May 19 1907

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffused Nephritis, Senility

(DURATION) DAYS

Con'tributory (Primary) Cystitis

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 20 1907.

Place of Burial JOHNS HOPKINS HOSPITAL

Date ..... 190..

Undertaker William H Woodes

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

139

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 739 Iceland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Hunt

{Residence, if in Baltimore, Give Street and Number.} 739 Iceland St

C1238

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W.
DATE OF BIRTH	1
AGE 11 mo 5D years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) [illegible]

Filed 5/21 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

✓

1326

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from as a Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

Sudden (DURATION) DAYS

Con'tributory (Primary.) (DURATION) DAYS

(Signed) O'Martin M.D.

Address Crowe

Date May 18 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 20 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 Bloom street St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Augustus Gosnell

{Residence, if in Baltimore, Give Street and Number.} 506 Bloom street

C 1239

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Carroll Co. Md.

FULL NAME OF FATHER: Louis Gosnell

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Mary J. Brown.

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Ch. Gosnell

(Address) 506 Bloom St

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1907

I HEREBY CERTIFY, That I attended deceased from March 1905 to the May 1907 that I last saw h.. alive on May 19 1907, and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 2 yrs DAYS

Contributory (Primary.) Secondary Cerebral Hemorrhage

(DURATION) 2 DAYS

(Signed) W. Grantbott M. D.

Address 354 N. Bidle St

Date May 20th 1907

Place of Burial Mt Auburn Cemetery

Date May 22 nd 1907

Undertaker Felix P. Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 Ware St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Genevieve Sellman

{ Residence, if in Baltimore, Give Street and Number. } 215 Ware St.

C 1240

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Col.
DATE OF BIRTH	Oct 8 1906
AGE	1 years, 7 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Po alto Md
FULL NAME OF FATHER	Richard Clayborn
BIRTHPLACE OF FATHER (State or country)	Savannah Georgia
MAIDEN NAME OF MOTHER	Bessie Sellman
BIRTHPLACE OF MOTHER (State or country)	Carroll city Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Sellman

(Address) 215 W Ware St

Filed 5/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 14 1907 to May 20 1907 that I last saw her alive on May 20 1907, and that death occurred, on the date stated above, at 12.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia or Exhaustion

(DURATION) DAYS

Contributory (Primary) General Miliary Tuberculosis (DURATION) 2 Mos

(Signed) Haughton Cawley M.D.

Address Angel for Hospital

Date May 20 1907

Place of Burial Mt Auburn Cemetery

Date May 23 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 841 Hamilton Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas S. Luby

{Residence, if in Baltimore, Give Street and Number.} 841 Hamilton Terrace

Duration of Residence in Baltimore. all life

C 1241

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: January 20 1860

AGE: 47 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas Luby

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rose Reilly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Horan

(Address) 841 Hamilton Terrace

Filed 5/21 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 19 1907 that I last saw h[illegible] alive on May 19 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Eutaw

Date May 19 1907

Place of Bu-ial New Cathedral Cemetery

Date May 22 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 628 German St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph E. Carter

{ Residence, if in Baltimore, Give Street and Number. } 628 N. German St.

C1242

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH	1
AGE	24 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balt Md
FULL NAME OF FATHER	Henry B Carter
BIRTHPLACE OF FATHER (State or country)	Balt Md.
MAIDEN NAME OF MOTHER	Lettie Tolbert
BIRTHPLACE OF MOTHER (State or country)	Balt Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Lomax

(Address) 628 German St

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to May 20 1907

that I last saw him alive on May 19 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

2 mos (DURATION) DAYS

Con'tributory (Primary.)

2 mos (DURATION) DAYS

(Signed) C. J. Smith M.D.

Address 628 Hanover St

Date May 20 1907

Place of Burial Mt Zion Cemetery

Date May 22 1907

Undertaker Geo H Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1243

City of Baltimore, (No. # 653, Bankers' Lane. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Burden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Bl

DATE OF BIRTH: March (Month) 1st (Day) 1907. (Year)

AGE: -- years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: /-

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Burden

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Susie Grayson

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: /-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Grayson. (Mother)

(Address) 653 Bankers' Lane

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10th 1907 to May 18 1907

that I last saw him alive on May 18th 1907,

and that death occurred, on the date stated above, at 8 Am. The CAUSE OF DEATH was as follows:

~ Marasmus ~

Intestinal involvement

/ (DURATION) DAYS

Contributory Improper Feeding.

/ (DURATION) DAYS

(Signed) B. L. French M. D.

May 19 1907 (Address) 603 S. Fremont St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 21 1907

UNDERTAKER: Geo H Hooper — ADDRESS: 659 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 N. Calhoun St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosabelle Margaret Lena Williams

{ Residence, if in Baltimore, Give Street and Number. } 1631 N. Calhoun St.

Duration of Residence in Baltimore. Life

C1244

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Dec 14 1906.

AGE — years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Williams.

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Delia Forbes.

BIRTHPLACE OF MOTHER (State or country) St Mary's County Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) 1442 Presstman St.

Filed 5/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 - 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 20 1907 that I last saw h[illegible] alive on May 19 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Spasms -

(DURATION) 2 DAYS

Contributory (Primary.) Dentitions

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date Baltimore May 20. 1907

Place of Burial St Peters

Date May 22 nd 1907

Undertaker Johnson & Mitchell

Address 1164 W Baltimore Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi[illegible]e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat[illegible]ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1245

City of Baltimore, (No. Braddish Ave 4th Cottage So. of Liberty Road, St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Emma Tolle

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH January (Month) 15 (Day) 1848 (Year)

AGE 59 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Michael Eberlein.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Catherine Myers.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) 1442 Presstman St

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20 1904 to May 20 1907

that I last saw her alive on May 20 1907

and that death occurred, on the date stated above, at 12 a. m. The CAUSE OF DEATH was as follows:

Asphyxia

(DURATION) — DAYS

Contributory Cancer of Cervical Gland.

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

May 20. 1907 (Address) 1442 Presstman St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 22 1907

UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 1246

(Place of Death.) No. 3021 Cedar Avenue St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles R. Magaha

{ Residence, if in Baltimore, Give Street and Number. } 3241 Chesnut avenue

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov 30 1874
AGE	32 years, 5 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City In of
FULL NAME OF FATHER	Charles D. Magaha
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Kate Heffner
BIRTHPLACE OF MOTHER (State or country)	Pa
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Magaha Brother

(Address) 3241 Chesnut ave

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h — alive on 190

and that death occurred, on the date stated above, at 10 45 m. M. CAUSE OF DEATH (Secondary or Immediate)

Electric shock from Live wire.

Accident

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Emil A. Smithmeyer M.D.

Address 1818 N. Charles St

Date May 20 1907

Place of Burial Loudon Park

Date May 22d 1907

Undertaker Chas E. Shenowith & Son

Address 919 3d ave,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 948 First ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Annie D Brown

{ Residence, if in Baltimore, Give Street and Number. } 948 1st ave Hampden

Duration of Residence in Baltimore. 37 years

C 1247

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 27th 1869

AGE 37 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore County Md

FULL NAME OF FATHER Charles E Brown

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Priscilla Gee

BIRTHPLACE OF MOTHER (State or country) Baltimore Co Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Brown (Father)

(Address) 948 1st ave Hampden

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to May 20 1907

that I last saw h[illegible] alive on May 20 1907

and that death occurred, on the date stated above, at 2

P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 60 DAYS

Contributory (Primary) Malnutrition (DURATION) 6 mo DAYS

(Signed) [illegible] M.D.

Address 765 - 2506 av

Date May 20 1907

Place of Burial St Marys Cemetery

Date May 22nd 1907

Undertaker W E Chenoweth & Son

Address 919 Third ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Gunter Hollow Road of Wagner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Smith

{ Residence, if in Baltimore, Give Street and Number. } 1930 Alicanna St. C 1248

Duration of Residence in Baltimore. about 20 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH	1850
AGE	57 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Edwod Mc Coulough
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Smith

(Address) 1930 Alicanna St.

Filed 5/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Green St.

Date 190

Place of Burial Sacred Heart Cem.

Date May 23rd 1907

Undertaker Germania Funeral

Address Bond & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Request to Remove to 235 N. Dallas St.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Wilford Whitely

{Residence, if in Baltimore, Give Street and Number.} Charleston S. C.

C1249

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1859

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unascertained

BIRTHPLACE OF FATHER (State or country): Unascertained

MAIDEN NAME OF MOTHER: Unascertained

BIRTHPLACE OF MOTHER (State or country): Unascertained

OCCUPATION OF DECEASED: Light House Dept

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aimee C. Whitely

(Address) Charleston S C.

Filed 5/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 21 1907

that I last saw him alive on May 21 1907

and that death occurred, on the date stated above, at 8 15 P M.

CAUSE OF DEATH (Secondary or Immediate.)

Chronic Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S S House M.D.

Address Johns Hopkins Hospital

Date 5/21 1907

Place of Burial Charleston S. C.

Date MAY 21 1907 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 N. Patterson Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva M. Clarkson

{ Residence, if in Baltimore, Give Street and Number. } 1508 N. Patterson Park ave

Duration of Residence in Baltimore. Life C1250

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept 6 1889

AGE 17 years, 8 months, 13 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER J. A. Clarkson

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Annie E. Elder

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Clarkson

(Address) 1508 N. Patterson Park ave

Filed MAY 24 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 19 1907 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h... alive on 190,

and that death occurred, on the date stated above, at 1.06 A.M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Alcohol

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date MAY 19 1907 190

Place of Burial Oak Lawn. Cem. ave

Date MAY 22 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

CERTIFICATE OF DEATH. C 1251

(Place of Death.) No. 912 Ryan St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Geary

{ Residence, if in Baltimore, Give Street and Number. } 912 Ryan St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 1842

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Geary

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Geary

(Address) 912 Ryan St.

Filed 5/21/07 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to May 18 1907 that I last saw him alive on May 17 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

6 months (DURATION) ..... DAYS

Contributory (Primary.) Paralysis

(DURATION) 2 DAYS

(Signed) Jos. E. Imms M.D.

Address 858 Columbia ave

Date May 20 1907

Place of Burial St. Peters bam.

Date May 22nd 1907

Undertaker Jno. A. Inmans

Address Branch Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH C 1252 81

(Place of Death.) No. 18 N. Eden St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Harrington

{ Residence, if in Baltimore, Give Street and Number. } 18 N. Eden St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 8 1840

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Jno Sullivan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mrs. Lynch

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Harrington

(Address) 18 N Eden St.

Filed 5/21/07 190 HARRY G. ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 14 1907 that I last saw h[er] alive on May 19 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 3 DAYS

Contributory (Primary.) Hodgkin's Disease & arteria Sclerosis (DURATION) DAYS

(Signed) Chas. T. Black M.D.

Address 1523 E Balto St

Date May 20 1907

Place of Burial Holy Cross

Date May 22nd 1907

Undertaker Jno. A. Moran

Address Bank & Ann Sts.

Dr. Blake

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ased, and the ***cause and date of death.*** ***full name, sex, age, condition*** (whether married or single) of the person

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joe Burkhardt

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

C1253

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1828

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Railroad Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/22/ 1907 5,267 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1906 to May 20 1907

that I last saw h in alive on May 20 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Senility

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis (DURATION) DAYS

(Signed) R R Konte M.D.

Address Bay View Hospital

Date May 21 — 1907

Place of Burial Mt Olivet

Date May 23 1907

Undertaker Josiah Lyon

Address 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ...r forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ...ed, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1254

CERTIFICATE OF DEATH. C 1254

40

(Place of Death.) No. 1115 Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Colay Merritt

{ *Residence, if in Baltimore, Give Street and Number.* } 1115 Patterson Park ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: April 6 1841 1

AGE: 66 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Virginia.

FULL NAME OF FATHER: Jacob Merritt.

BIRTHPLACE OF FATHER (State or country): West Virginia.

MAIDEN NAME OF MOTHER: Barbara Cooper.

BIRTHPLACE OF MOTHER (State or country): West Virginia.

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman C. Merritt (Son)

(Address) 1115 N. Patterson Park Av.

Filed 3/22 1907

EARL C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from May 13 1907 to May 20 1907

that I last saw h im alive on May 20 1907,

and that death occurred, on the date stated above, at 1.25 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach failure

(DURATION) DAYS

Con'tributery (Primary.) Cancer of Stomach

(DURATION) DAYS

(Signed) F. E. Hoessler M.D.

Address 1106 N. Patterson Park Ave

Date May 20 1907

Place of Burial Loudon Park Cemetery

Date May 22 1907 190

Undertaker Armstrong Denny Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 N. 21st at

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgine M. Hicks

{ Residence, if in Baltimore, Give Street and Number. } 123 N. 21st at

Duration of Residence in Baltimore. Life time C1255

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Moses Hicks

BIRTHPLACE OF FATHER (State or country): Floyd Co, Md

MAIDEN NAME OF MOTHER: Georganner

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Schools Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address)

Filed 5/22 1907

HARRY G. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 4 1907 to May 19 1907

that I last saw her alive on May 18 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Frank Smith M.D.

Address 354 N. Bradford St

Date May 20th 1907

Place of Burial Mt Auburn Cem

Date May 22 1907

Undertaker C. R. Schmidt

Address 506 Hughes Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH. C 1256

(Place of Death.) No. Woods Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvin E German

{ Residence, if in Baltimore, Give Street and Number. } Woods Park annex

Duration of Residence in Baltimore. all Life

C1256

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Mar 15th 1907	
AGE: ..... years, 2 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): Woods Park annex	
FULL NAME OF FATHER: Henry E. German	
BIRTHPLACE OF FATHER (State or country): Balto md	
MAIDEN NAME OF MOTHER: Mary Trautfelder	
BIRTHPLACE OF MOTHER (State or country): Balto md	
OCCUPATION OF DECEASED: ~	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry German

(Address) Woods Park

Filed 5/22 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1907

I HEREBY CERTIFY, That I attended deceased from May 19 1907 to May 21 1907 that I last saw h in alive on May 20 1907, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Cafeitary Bronchitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin G Darling M.D.

Address Lauraille md

Date May 21st 1907

Place of Burial Mt Carmel Cem

Date May 22nd 1907

Undertaker Robt Brooks & Son

Address 17 S. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 721 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaw Kaspszak

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

C 1257

Duration of Residence in Baltimore. 4 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: May 4 1905

AGE: 2 years, months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jan Kaspszak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Joesfa Augustiniak

BIRTHPLACE OF MOTHER (State or country): Poland Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jan Kaspszak

(Address) 721 S. Broadway

Filed 5/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22nd 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 20 1907 that I last saw h im alive on May 20 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphteria (DURATION) 6 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) S. Szumalski M.D.

Address 722 S. Ann st

Date May 22nd 1907

Place of Burial Holy Rosary.

Date May 22nd 1907

Undertaker M. F. Sadowski.

Address 409 S. Ann St

Funeral 2 30 Pm

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 S Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kuzniaski

{ Residence, if in Baltimore, Give Street and Number. } 723 S Bethel St

C1258

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md

FULL NAME OF FATHER: Joseph Kuzniaski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Sophia Michalo

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kuzniaski

(Address) 723 S. Bethel St

Filed 5/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21' 1907

I HEREBY CERTIFY, That I attended deceased from May 18' 1907 to May 20 1907 that I last saw h... alive on May 20 1907, and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 DAYS

Contributory (Primary.) Marasmus

(DURATION) 7 DAYS

(Signed) John Roth M.D.

Address 3007 Eastern Ave

Date May 22 1907

Place of Burial Holy Rosary.

Date May 22 " 1907

Undertaker M. F. Sadowski

Address 723 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 208 S. Wolf St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Caroline Hagan

{ Residence, if in Baltimore, Give Street and Number. } 208 S. Wolf St.

C 1259

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Unable to get full

(Address) Particulars

Filed 5/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 st. 1907

I HEREBY CERTIFY, That I attended deceased from

.....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Dudley Coroner M.D.

Address 320 E Fayette St

Date .....190.....

Place of Burial St Pauls Cem.

Date May 23 1907

Undertaker Kendall Diffel & Son

Address 330 S. Bond St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1032 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Kiffner

{Residence, if in Baltimore, Give Street and Number.} 1032 N. Central Ave.

C1260

Duration of Residence in Baltimore

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 78 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	.. ..
MAIDEN NAME OF MOTHER	.. ..
BIRTHPLACE OF MOTHER (State or country)	.. ?
OCCUPATION OF DECEASED	Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kiffner

(Address) 1032 N. Central Ave

Filed 5/22 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21, 1907

I HEREBY CERTIFY, That I attended deceased from May 6, 1907 to May 21 1907

that I last saw him alive on May 21, 1907

and that death occurred, on the date stated above, at 11.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Asthma (Cardiac)

Several days (DURATION) DAYS

Contributory (Primary.) Cardiac Hypertrophy

Emphysema & nephritis (DURATION) DAYS

(Signed) A. L. Elwell M.D.

Address 1741 Hayward Ave

Date May 21, 1907

Place of Burial New Cathedral Cemetery

Date May 24th 1907

Undertaker Henry Stockslager

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

C1261 64

(Place of Death.) No. 809 Ashland Ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Bernard J McCusker

{Residence, if in Baltimore, Give Street and Number.} 809 Ashland Ave

Duration of Residence in Baltimore. 50 years C1261

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter.

(Address) 809 Ashland Ave

Filed 5/22 1907

HARRY O. ANDREWS
EARLY COURT CLERK
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from

1907 to 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 9:45 A. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred J. Cummins M.D.

Address Coroner

Date May 20 - 07 1907

Place of Burial New Cathedral Cemetery

Date Thursday May 23rd 1907

Undertaker Henry Hauch & Son

Address 1307 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 428 N. Eglinton St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Gussie R. Cox

{Residence, if in Baltimore, Give Street and Number.} 428 N. Eglinton St

Duration of Residence in Baltimore. Life C1262

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE X years, 10 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Cox

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Florence Holland

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Holland

(Address) 428 N. Eglinton St

Filed 5/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate

Convulsions

Cerebral

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Gudger Cantler M.D.

Address Coroners Md

Date May 20 1907

Place of Burial Asbury

Date May 22nd 1907

Undertaker Wm J G Jackson

Address 1421 Mulberry St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 1263

(Place of Death.) No. 1235 Druid Hill Ave St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Jones.

{ Residence, if in Baltimore, Give Street and Number. } 1235 Druid Hill Ave.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Dont Know

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burke

(Address) 1117 Druid Hill Ave

Filed 5/22 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 3rd 1906 to May 21st 1907

that I last saw h alive on May 13 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) DAYS

Contributory (Primary,) Cerebral Hemorrhage

(DURATION) 3 yrs

(Signed) Wm. F. Carr, M.D.

Address 515 North St

Date May 21st 1907

Place of Burial Mt Auburn Cem

Date May 22 1907

Undertaker J. A. Burke

Address 1117 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

167

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary McLeyer

{Residence, if in Baltimore, Give Street and Number.} 720 E Biddle

Duration of Residence in Baltimore. Life C1264

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	April 10th 1899
AGE	8 years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Bartholomew McLeyer
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Giblin
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE ~~AND BELIEF~~.

(Informant) Mother

(Address) 720 E. Biddle St

Filed 5/22 1907

Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1907

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate

Cause of Coma

Acc

.....(DURATION).....DAY

Contributory (Primary.)

.....(DURATION).....DAY

(Signed) [illegible] M.D

Address Corner Wood

Date May 20 1907

Place of Burial Cathedral

Date May 22 1907

Undertaker H. C. Wedefeld

Address 914 Greenmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 822 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer R. Shannon

{ Residence, if in Baltimore, Give Street and Number. } 822 Hanover St.

Duration of Residence in Baltimore. Lifetime C1265

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 5th 1876

AGE: 31 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Edward P. Shannon

BIRTHPLACE OF FATHER (State or country): Portsmouth Va.

MAIDEN NAME OF MOTHER: Annie E. Buckey

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Shannon

(Address) 822 Hanover St.

Filed 522 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21st 1907

I HEREBY CERTIFY, That I attended deceased from March 13th 1907 to May 21st 1907

that I last saw him alive on May 16 1907,

and that death occurred, on the date stated above, at 12.30 noon.

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Do not Know (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) Wm Gombel M.D.

Address 1704 Madison Ave

Date Balto, May 21st 1907

Place of Burial Int. Olivet Cemetery

Date May 23rd 1907

Undertaker Jas & Jno H. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

145

(Place of Death.) No. 205 N. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris B. Slauson

{ Residence, if in Baltimore, Give Street and Number. } 205 N. Collington ave.

C1266

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 10th 1846

AGE: 60 years, 9 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: Chas H. Slauson

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Margaret Evenson

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Chemist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Slauson

(Address) 205 N. Collington ave

Filed 5/22 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 21 1907 190

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 21 1907

that I last saw him alive on May 21 1907,

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ulceration of old gun shot wound received during civil war

(DURATION) 2 DAYS

Contributory (Primary.) Paralysis and Exhaustion (DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date MAY 22 1907 190

Place of Burial Crams Balto Co Md

Date MAY 24 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

C 1267

(Place of Death.) No. 1801 N. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A. McSherry

{ Residence, if in Baltimore, Give Street and Number. } 1801 N. Lanvale st

Duration of Residence in Baltimore. Life

C 1267

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 8th 1845

AGE: 62 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWER, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John A. McSherry

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Clementine Villiers

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Real Estate Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Horace A. McSherry

(Address) 1801 N. Lanvale st

Filed 5/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: MAY 21 1907 190

I HEREBY CERTIFY, That I attended deceased from Aug. 1903 to May 21. 1907

that I last saw him alive on " 20 1907,

and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis, Ascites & Pulmonary Oedema

2 Years (DURATION) DAYS

Contributory (Primary.) Uremic Coma & Angina Pectoris (DURATION) 4 years DAYS

(Signed) Geo. A. Mathiesen M.D.

Address 1121 N. Caroline St.

Date May 21. 1907

Place of Burial Loudon Park Cem.

Date MAY 23 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

PERMIT ISSUED

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ased, and the *cause and date of death.*

CERTIFICATE OF DEATH. C 12667

(Place of Death.) No. 2128 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza A. Smith

{Residence, if in Baltimore, Give Street and Number.} 2128 E. Hoffman st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 1

AGE 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Smith

(Address) 2128 E. Hoffman st

Filed 5/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd. 1907

I HEREBY CERTIFY, That I attended deceased from May 2nd 1907 to May 22nd 1907

that I last saw h[illegible] alive on May 21st 1907, and that death occurred, on the date stated above, at 2.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Hemorrhage + Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Aortic Regurgitation and Mitral Stenosis (DURATION) 2 Yrs.

(Signed) Albert G. Dingwall M.D.

Address 1202 N. Eutaw Pk Ave.

Date May 22nd. 1907

Place of Burial Baltimore. em.

Date May 24, 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Dr England 1 E. Fallon Park ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct Inf. Asy. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Victor Brown

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct Inf Asy.

C1269

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: N.
DATE OF BIRTH: Mch 2, 1907.	
AGE: ..... years, 2 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/22/1907 S2C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 16 1907 to May 20 1907

that I last saw him alive on May 19 1907

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAY

Contributory (Primary) .....

..... (DURATION) ..... DAY

(Signed) E. H. Hayward, M.D

Address 1230 N Caroline St

Date 5/22 1907

Place of Burial Mt Cathedral

Date May 22nd. 1907

Undertaker Martin Bakery & Sons

Address 400 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.

Full Name Wm. Creighton

{ Residence, if in Baltimore. Give Street and Number. } St. Vinct. Inf. Asy.

C1270

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W
DATE OF BIRTH	Dec. 19th, 1906
AGE	~~years,~~ 5 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/22/1907 S. P. L. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to May 21 1907

that I last saw him alive on May 20 1907

and that death occurred, on the date stated above, at 1

CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAY

Contributory (Primary.) .....

..... (DURATION) ..... DAY

(Signed) E. H. Hayward, M.D

Address 1220 N Caroline St.

Date 5/22 1907

Place of Burial New Cathedral

Date May 22nd. 1907

Undertaker Martin Fahey & Sons.

Address 406 E Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 41 Ninth Inf. Asy. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Blanche May Hembrock,

{Residence, if in Baltimore, Give Street and Number.} 41 Ninth Inf. Asy.

Duration of Residence in Baltimore. Lifetime

C1271

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Apr 11, 1907

AGE: ..... years, 1 month, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): C. G

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) 41 N. I. Asy.

Filed 5/22/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20, 1907

I HEREBY CERTIFY, That I attended deceased from Apr 24 1907 to May 20 1907

that I last saw her alive on May 20 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Caroline St.

Date 5-22 1907

Place of Burial New Cathedral

Date May 22nd 1907

Undertaker Martin Fahey & Son

Address 116 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct Inf. Asy. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.

Full Name Charlotte Brown

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct Inf. Asy. C1272

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W.
DATE OF BIRTH	Feb. 21, 1907
AGE	~~years~~, 3 months, ~~days~~
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	~~Md~~ N. Carolina
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/22/ 1907 S26 Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21, 1907

I HEREBY CERTIFY, That I attended deceased from Mch 21 1907 to May 21 1907

that I last saw h[illegible] alive on May 20 1907

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N. Caroline St.

Date 5/22, 1907

Place of Burial Mount Cathedral

Date May 22nd. 1907

Undertaker Martin Kirby & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

118

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morris Singer

{Residence, if in Baltimore, Give Street and Number.} 130 W Lanvale St

Duration of Residence in Baltimore. 7

CP73

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1869

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Joseph Singer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sadie Swartz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellis Singer

(Address) 130 W Lanvale st

Filed 5/23/1907 W.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to May 23 1907

that I last saw him alive on May 23 1907 3:45

and that death occurred, on the date stated above, at — A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.) Appendicitis (acute)

(DURATION) DAYS

(Signed) E. E. Krause M.D.

Address Johns Hopkins Hospital

Date May 23 1907

Place of Burial Washington Rd Odenton

Date May 23 1907

Undertaker Mrs Levinson

Address 1626 McCulloh st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

61

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 1224

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. House of Good Shepherd ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Kirwan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. McCloskey

(Address) 115 W Lexington St

Filed 5/23/1907 HARRY D. ANDREWS, M. L. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 4th 1907 to May 23 1907 that I last saw her alive on May 23 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Meningitis

3 weeks (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. J. McCloskey M. D.

1907 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peters

DATE OF BURIAL: May 25 1907

UNDERTAKER: John L. Fields

ADDRESS: 1200 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

C 1275

Registered No. B .....

City of Baltimore, (No. 109 N Fulton Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Lizzette Hulshoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 22 (Day) 1829 (Year)

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Verriman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Hulshoff

(Address) 109 N. Fulton Ave

Filed 5/23 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 19th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 190 7 to May 19th 190 7 that I last saw her alive on May 19th 190 7, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Cardiac Degeneration
With old age and
General Debility

(DURATION) ..... DAYS

Contributory .....

5 months (DURATION) ..... DAYS

(Signed) E. F. Leibold M. D.

190 (Address) 105 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Holy Redeemer	5/23 190 7
UNDERTAKER	ADDRESS
Crowley Bros	25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ity of the Physician who attended during his ... to furnish within **eighteen hours after death,** ... his or her last sickness, or the Coroner, when the case comes under his ... forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 533 N Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles F Chaney

{Residence, if in Baltimore, Give Street and Number.} 533 N Fremont Li

C1276

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 6 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frank Chaney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella Pratt

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Chaney

(Address) 533 N Fremont st.

Filed 5/22 1907

Registrar HARRY C. ANDREW PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 22 1907

that I last saw h[illegible] alive on May 22 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia and spasms. continued

(DURATION) 3 DAYS

Contributory (Primary.) Heart failure

(DURATION) 3 DAYS

(Signed) Dr G W Reynard M.D.

Address Jas. Ensor. Md

Date May 22 1907

Place of Burial Laurel Cemetery

Date May 24 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 627 Roland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of W. L. & Mary J. Trail

{Residence, if in Baltimore, Give Street and Number.} 627 Roland ave

Duration of Residence in Baltimore. Life

C 1277

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 21st 1907

AGE — years, — months, 2 days

SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER W. L. Trail

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Fahey

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. Trail

(Address) 627 Roland ave

Filed

190

Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23d 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to May 23 1907

that I last saw h alive on May 22 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia — Bronchial

Abscess — 5-12 mos

(DURATION) 2 DAYS

Contributory (Primary) Pneumonia — Bronchial

(DURATION) — DAYS

(Signed) H. Friedenwald M.D.

Address 810 1st Ave

Date May 23 1907

Place of Burial St Mary's

Date May 23 1907

Undertaker A. S. Waesche Sons

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No: 829 S Bond St.

(If Death occurred in Hospital or Institution give Its Name Instead of Street and Number.)

Full Name Margaret Friederich

{ Residence, if in Baltimore, Give Street and Number. } 829 S. Bond St

Duration of Residence in Baltimore. Life C1278

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: March 17th 1862	
AGE: 45 years, 2 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Brady
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Friederich

(Address) 829 S. Bond St.

Filed May 23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Ludlow Cunnin M.D.

Address 320 N Green St

Date ..... 190....

Place of Burial 1st Evangelical Cem

Date May 24th 1907

Undertaker H. Sander & Sons

Address 1710 Caton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name James Roche

{Residence, if in Baltimore, Give Street and Number.}

C 1279

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 27 1875

AGE: 31 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Roche

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Conroy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Steam Fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21 1907

I HEREBY CERTIFY, That I attended deceased from 5/21 1907 to 5/21 1907

that I last saw h- alive on 5/21 1907

and that death occurred, on the date stated above, at 7 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Horace H. Nicholson M.D.

Address Bay View Hospital

Date 5/22 1907

Place of Burial St Peters Cemetery

Date May 25 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***ty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14

CERTIFICATE OF DEATH. C 1280

Registered No. B

City of Baltimore, (No. 1705 Riggs Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret C. Young

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH June (Month) 1st (Day) 1907 (Year)

AGE 62 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Joshua Vansant

BIRTHPLACE OF FATHER (State or country) Kent Co. Md.

MAIDEN NAME OF MOTHER Margaret C. Vansant

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) William Young

(Address) 1803 N. Fulton Ave

Filed ..... 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 23rd 1907 to May 20th 1907

that I last saw her alive on May 20th 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Chronic Valvular Disease of Heart.

Several Years (DURATION) ..... DAYS

Contributory Asthenia

..... (DURATION) 14 DAYS

(Signed) H. J. Carrick M. D.

May 21st 1907 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL May 23 1907

UNDERTAKER F. A. Kranse & Bro

ADDRESS 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Park Heights nr. Kate Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia M. Johnson

{ Residence, if in Baltimore, Give Street and Number. } Park Heights nr. Kate ave

Duration of Residence in Baltimore. Lifetime C1281

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Sept 22 1894
AGE	12 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Littleton F. Johnson
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Anna E. Dennmann
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	School child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry L Johnson

(Address) Park Heights ave & Kate

Filed 5/23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 22 1907

that I last saw h[illegible] alive on May 21 1907,

and that death occurred, on the date stated above, at 5.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 6 Mos

(Signed) James S A Edwards M.D.

Address 3400 Park Heights ave

Date May 22 1907

Place of Burial Druid Ridge Cem.

Date May 23/07 1907

Undertaker David McLean Co.

Address 833 Linden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his jurisdiction as hereinbefore set forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C1282

is

missing

forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married **or** single) of the person
, and the ***cause and date of death.***

cts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. *And be it further enacted and ordained,* That whenever any person sh
lysician who attended during his or her last sickness, or the Coroner, when the c
case comes under his notice, to furnish within
y-four hours after death, to the Undertaker, or other person superintending the buri
burial, a certificate setting forth, as far as the same
e ascertained, the full name, sex, age, condition (whether married or single) of the pe
he person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 1283 41

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 123 W. 20th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Whelan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 5 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Whelan

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Henrietta S. Graff

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno G. Whelan

(Address) 1312 N. Eutaw st

Filed 5/23/1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22nd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 17th 1907 to May 22nd 1907 that I last saw h[er] alive on May 22nd 1907, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Intestenial obstruction at or about the junction of sigmoid flexure with the rectum, probably carcinomatous - about 2 months (DURATION) ..... DAYS

Contributory ✓

..... (DURATION) ..... DAYS

(Signed) C. H. Van Ness M. D.

May 23d 1907 (Address) 206 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: May 23 1907

UNDERTAKER: E. M. Mitchell — ADDRESS: 201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Richard Barton

{Residence, if in Baltimore, Give Street and Number.} Hagerstown Md

Duration of Residence in Baltimore. 3 yrs. C 1284

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) London, England

FULL NAME OF FATHER Richard Barton

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Sofia Barton.

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Taylor

(Address) Md Penitentiary

Filed 5/23/1907 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 21 1907

that I last saw h alive on May 20 1907

and that death occurred, on the date stated above, at 9 45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

2 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Conn Jr. M.D.

Address 1808 N Charles St

Date May 21 1907

Place of Burial Baltimore Cem

Date May 23 1907

Undertaker H C Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

140

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Cuts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 2011 Wilmans Row St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Lippman

{ Residence, if in Baltimore, Give Street and Number. } 2011 Wilmans Row

C1285

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	May 12, 1907
AGE	..... years, ... months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Conrad Lipton
BIRTHPLACE OF FATHER (State or country)	Hartford Co Md
MAIDEN NAME OF MOTHER	Lula Birklaw
BIRTHPLACE OF MOTHER (State or country)	Cumberland Md.
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Lipton

(Address) 2011 Wilmans Row

Filed 5/23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22, 1907

I HEREBY CERTIFY, That I attended deceased from May 12, 1907 to May 22 190.. that I last saw h.. alive on May 20, 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

acute gastritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. Hawkins M.D.

Address 1160 Light St

Date May 22, 1907,

Place of Burial Cedar Hill

Date May 23d 1907

Undertaker Jos. Stumbaugh

Address 1818 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

041

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be
y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his
to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate
forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person
l, and the **cause and date of death.**

141

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Curtis

{ Residence, if in Baltimore, Give Street and Number. }

C1286

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday Sr

(Address) BAY VIEW ASYLUM.

Filed 5/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to May 21 1907

that I last saw him alive on May 21 1907,

and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis, Senility

Chronic Diffused Nephritis

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospt.

Date May 21 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 22 1907 1907

Undertaker William H. Woodin

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, or other person superintending the burial, a certificate to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person so dying, and the **cause and date of death.**

141

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Brown

C1287

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]olyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/23 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to May 21 1907

that I last saw h[illegible] alive on May 21 1907,

and that death occurred, on the date stated above, at 6 4 M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Cerebral dilitation, Pulmonary Thrombi.

(DURATION) DAYS

Contributory (Primary.) Mitral Constriction

(DURATION) DAYS

(Signed) R R Vonnit M.D.

Address Bay View Hospital

Date May 21 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 22 1907 190

Undertaker William H Woodus

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be
y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his
to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate
forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person
l, and the ***cause and date of death.***

140

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fleming White

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C1288

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/23 1907

HARRY O. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to May 22 1907

that I last saw him alive on May 22 1907

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Howard Nicholson M.D.

Address Bay View Hospital

Date 5/22 1907

JOHNS HOPKINS HOSPITAL
MAY 22 1907

Place of Burial

Date 190

Undertaker William H. Woodes

Address 184 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his or her cognizance, or other person superintending the burial, a certificate to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person l, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his or her cognizance, or other person superintending the burial, a certificate to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person l, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Cole

{ Residence, if in Baltimore, Give Street and Number. }

C1289

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Esther Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to May 22 1907 that I last saw h-- alive on May 22 1907, and that death occurred, on the date stated above, at 9:45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Psoas Abscess

Pulmonary T. B. (DURATION) DAYS

(Signed) Horace Ellicholson M.D.

Address Bay View Hospital

Date May 22 1907

Place of Burial Laurel Cem

Date May 23 1907

Undertaker Geby B Pye

Address 102 W. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 Bartlett Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Burgess

{ Residence, if in Baltimore, Give Street and Number. } 14 Bartlett Ave. C1290

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: May 13th 1906	
AGE: ..... years, 12 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Thomas H. Burgess	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Stella Howe	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Stella Burgess

(Address) 14 Bartlett Ave

Filed 5/23 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to May 21 1907 that I last saw h im alive on May 21 1907, and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Organic Heart disease

(DURATION) 6 DAYS

Contributory (Primary.) Malnutrition

& marasmus. (DURATION) 2 DAYS

(Signed) Henry L. Wiltse M.D.

Address 906 Gorsuch Ave.

Date May 22 1907

Place of Burial Loudon Park

Date May 23 1907

Undertaker C. A. Wiedefeld & Co

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles P Bevans

{Residence, if in Baltimore, Give Street and Number.} 116 W. North Ave

C1291

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1860

AGE: 47 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Bevans

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J Byrne.

(Address) 302-11 Gay St.

Filed 5/23 1907 Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22" 1907

I HEREBY CERTIFY, That I attended deceased from March 28 1907 to May 22" 1907

that I last saw him alive on May 21 1907,

and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) M. Delaney Thomas M.D.

Address 6334 Carrollton ave

Date May 23" 1907

Place of Burial Hancock, Washington Co Md

Date 24 May 1907

Undertaker Edward A Byrne

Address 302 N Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 15 16 Aisquith St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lauer

{ Residence, if in Baltimore, Give Street and Number. } 15 16 Aisquith. C1292

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Mozar

(Address) 1576 Aisquith St

Filed 5/23/1907 W. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1907

I HEREBY CERTIFY, That I attended deceased from May 2nd 1907 to May 14th 1907 that I last saw him alive on May 14th 1907, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of the Heart

a few hours (DURATION) DAYS

Contributory (Primary.) Mitral Insufficiency (DURATION) 1 year DAYS

(Signed) Dr. John S. Fraiser M.D.

Address 96. Biddle St.

Date May 22nd 1907

Place of Burial Holy Redeemer Cemetery

Date May 23rd 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Gross

{ Residence, if in Baltimore, Give Street and Number. } 948 N Howard St

C1293

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR Col.

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Gross

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Gross

(Address) 948 N. Howard st.

Filed 5/23/1907 S.C.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 22 1907

that I last saw him alive on May 22 1907

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Peritonitis

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary) Senile

(DURATION) DAYS

(Signed) Wm A Dorsey M.D.

Address City Hospital

Date May 22 1907

Place of Burial Mt Auburn Cemetery

Date May 24th 1907

Undertaker Felix B Pyle

Address 102 E Lubbery st.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 113 S. Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julius Bohner

{ Residence, if in Baltimore, Give Street and Number. } 113. S. Bond St

Duration of Residence in Baltimore. life time C1294

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Maried

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER J Bocher

BIRTHPLACE OF FATHER (State or country) Galetzy

MAIDEN NAME OF MOTHER F. Weinstein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kamenitz

(Address) H03 113 S Bond st

Filed 5/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1907

I HEREBY CERTIFY, That I attended deceased from May 20th 1907 to May 22 1907 that I last saw him alive on May 22 1907, and that death occurred, on the date stated above, at 11 p. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E Baltimore st

Date 190

Place of Burial Philips Rd Hen Run

Date May 23, 1907

Undertaker Mac Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Zuelch

{ Residence, if in Baltimore, Give Street and Number. } 1026 Goodman Al.

Duration of Residence in Baltimore. 8yrs C1295

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W.
DATE OF BIRTH	Nov 19 1861
AGE	45 years, 8 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Zuelch (Daus)

(Address) 1026 Goodman Alley

Filed 5/23 1907 HARRY C. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1907

I HEREBY CERTIFY, That I attended deceased from Apr 27 1907 to May 21 1907

that I last saw h[illegible] alive on May 21 1907

and that death occurred, on the date stated above, at 9 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Jaundice Collapse

(DURATION) DAYS

Contributory (Primary.) Ovarian Cyst.

Carcinoma (DURATION) DAYS

(Signed) Wm. G. Dorsey M.D.

Address City Hospital

Date May 21 1907

Place of Burial Western Cem

Date May 24th 1907

Undertaker E. Schloman & Son

Address 1024 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person d, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

20

(Place of Death.) No. 716 N. Milton Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Bohumil Smetana

{Residence, if in Baltimore, Give Street and Number.} 716 N. Milton Ave.

Duration of Residence in Baltimore. life

C 1296

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH May 13th 1907

AGE No years, No months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Smetana

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Smetana

(Address) 716 N. Milton Ave

Filed 5/23/1907 S.26 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1907

I HEREBY CERTIFY, That I attended deceased from May 21st 1907 to May 22nd 1907

that I last saw him alive on May 22nd 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 3 DAYS

Contributory (Primary) Umbilical Infection

(DURATION) 5 DAYS

(Signed) A. G. Retina M.D.

Address 2204 E. Monument St

Date May 28 1907

Place of Burial St. Mitchouse

Date May 23 1907

Undertaker Evans & Leach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

Child was delivered & umbilical wound treated by accoucheur

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 556 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Carroll

{ Residence, if in Baltimore, Give Street and Number. } 556 Orchard st

C1297

Duration of Residence in Baltimore. Five mos.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 42 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Ind	
FULL NAME OF FATHER: Wm. Balam	
BIRTHPLACE OF FATHER (State or country): Ind.	
MAIDEN NAME OF MOTHER: Lucinda Hall	
BIRTHPLACE OF MOTHER (State or country): Ind	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Balam

(Address) 556 Orchard St.

Filed 5/24 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave (Evening)

Date May 22nd 1907

Place of Burial Mt Auburn

Date 5/24 1907

Undertaker Alex Hemsley

Address 57 & 60 Bridle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 525 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernestina Hollman

{ Residence, if in Baltimore, Give Street and Number. } 525 N. Castle

Duration of Residence in Baltimore. 40 Years C1298

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 10th 1842

AGE 64 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hollman

(Address) 525 N. Castle St

Filed 5/23 1907

CHIEF CLERK PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to May 22 1907

that I last saw her alive on May 20 1907, and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of uterus

(DURATION) 112 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rinn M.D.

Address 2000 E. Baltimore

Date May 22 1907

Place of Burial Holy Redeemer Cem

Date 5/24/07 1907

Undertaker J. Hervig & Son

Address 2008 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1347 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick L. Seiler

{Residence, if in Baltimore, Give Street and Number.} 1347 Myrtle Ave

C1299

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 9th 1826

AGE: 81 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Louis Seiler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar H. Seiler

(Address) 1347 Myrtle Ave

Filed 5/29 1907

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 22 1907 that I last saw h im alive on May 22 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) 6 Months

(Signed) Thos. E. Hall M.D.

Address 647 W Lafayette Ave

Date May 22 1907

Place of Burial Loudon Park

Date May 25th 1907

Undertaker G. F. Staeker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

5

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his or her cognizance, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Magraw.

{Residence, if in Baltimore, Give Street and Number.} 1219 E. Madison St. C 1300

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: June 15 1854	
AGE: 52 years, 11 months, 6 days	
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Patrick Connolly	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Mary Patterson	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. J. Magraw

(Address) 1219 E. Madison St.

Filed May 23 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21" 1907

I HEREBY CERTIFY, That I attended deceased from May 19 1907 to May 21 1907 that I last saw h[illegible] alive on May 21 1907, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Harmatemisis.

(DURATION) 4 DAYS

Contributory (Primary.) Gastric cancer

(DURATION) over 1 year DAYS

(Signed) Robert J. Graw. M.D.

Address 127 Eutaw St.

Date May 22 1907.

Place of Burial Cathedral Cemetery

Date May 24" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Smith

{ Residence, if in Baltimore, Give Street and Number. } # 1512 alice anna St.

Duration of Residence in Baltimore. Life-time

C1301

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Leon Smith.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Agnes Chemielewska

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Smith. (Father)

(Address) 1512 Alice Anna St

Filed 5/23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 23 1907

that I last saw him alive on May 22 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John A. Rehberger M.D.

Address # 1709 Alice Anna

Date May 23 1907

Place of Burial Holy Rosary

Date Friday May 24 1907

Undertaker M. F. Sadowski

Address 703 S. Anna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 718 N. Monroe St. Luke Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie S. Harman

{ Residence, if in Baltimore, Give Street and Number. } 718 N. Monroe st.

Duration of Residence in Baltimore. 5 years

C 1302

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 1871

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Geo. Forney

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Rebecca J Forney

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Harman

(Address) 718. N. Monroe St.

Filed 5/23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from January 1907 to May 22 1907 that I last saw h.. alive on May 22 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Leucaemia

about 1 yr. (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) JM Delany M.D.

Address 633 N. Carrollton Ave

Date May 22 1907

Place of Burial Shippensburg Penna.

Date May. 24th. 1907

Undertaker Wm. M. Gawthrop

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 1303 64

Registered No. B.....

City of Baltimore, (No. 30 Stafford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William L. Bryant

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 8 (Day) 184[illegible] (Year)

AGE: 66 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Bryant

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Wheat

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: R. R. Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Melisa Bryant

(Address) 30 Stafford St

Filed 5/23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 19 1907 to May 22 1907

that I last saw him alive on May 21 1907,

and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

apoplexy

(DURATION) 3 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) P. Grafton Dill M.D.

May 23 1907 (Address) Lombard & Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: May 24 1907

UNDERTAKER: C. W. Dill

ADDRESS: 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1231 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J Fuller

{Residence, if in Baltimore, Give Street and Number.} 1231 Guilford Ave

Duration of Residence in Baltimore. 7 years C1304

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 4 1842

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Gloucester Va

FULL NAME OF FATHER Wm. H. Soles

BIRTHPLACE OF FATHER (State or country) Gloucester Va

MAIDEN NAME OF MOTHER Sarah Sales.

BIRTHPLACE OF MOTHER (State or country) Gloucester Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr C M Keeley

(Address) 1231 Guilford Ave

Filed 5/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 - 1907

I HEREBY CERTIFY, That I attended deceased from May 17 - 1907 to May 23 1907

that I last saw h[illegible] alive on May 22 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery and gastritis

about one year (DURATION) DAYS

Contributory (Primary.) Inanition

several months (DURATION) DAYS

(Signed) C. M. Cook M.D.

Address 1101 W. Lanvale St.

Date May 23 - 1907

Place of Burial Clay Bank Va

Date May 23 1907

Undertaker Robt Symth

Address Bway & Eden

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1305

City of Baltimore, (No. 1421 Penna av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter C. Bowman

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR Black

DATE OF BIRTH April 26 1889
4 (Month) 26 (Day) 18 (Year)

AGE 18 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER John H Bowman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Victoria Pfy

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Bowman

(Address) 1421 Penna av

Filed May 24th 1907 — C.S.P.C.B. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907
(Month) May (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 16 1907 to May 22 1907

that I last saw him alive on " 1907

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Lagrippe
Dropsy

about 1 month (DURATION) — DAYS

Contributory Lagrippe

(DURATION) DAYS

(Signed) J. Yingling M. D.

May 22 1907 (Address) 709 Dolphin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mount Auburn | DATE OF BURIAL May 24 1907

UNDERTAKER John E Hunter | ADDRESS 1422 Penna av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

TION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonius Tomas

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

C1306

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mul.

DATE OF BIRTH: May 7 1907

AGE: — years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 200 S. Madison Ave.

Filed 5/24/1907 W.P.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 23 1907 that I last saw him alive on May 22 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 16 DAYS

Contributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) Alexius McClannan M.D.

Address 200 S. Madison Ave.

Date May 23 1907

Place of Burial Cathedral Cem.

Date May 24 1907

Undertaker Felix A. Poye

Address 1012 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person d, and the ***cause and date of death.***

four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

C 1307

Registered No. B .....

City of Baltimore, (No. 518 W Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Schneider

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Schaefer

(Address) 518 W Mulberry St

Filed 5/24 190 7

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 23 1907 that I last saw h[er] alive on May 23 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Paralysis, and General Debility

Has been ..... (DURATION) ..... DAYS

Contributory bedridden for years

..... (DURATION) ..... DAYS

(Signed) C. F. Michelbacher M. D.

190 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 25 1907

UNDERTAKER: Wm J Schilling — ADDRESS: 925 Pennsylvania Ave

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from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 1308

Registered No. B .....

City of Baltimore, (No. 3237 E Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Faber

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July — 1905
(Month) (Day) (Year)

AGE — years, 22 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City,

FULL NAME OF FATHER Albert Faber

BIRTHPLACE OF FATHER (State or country) Germany,

MAIDEN NAME OF MOTHER Agusta Grifmax

BIRTHPLACE OF MOTHER (State or country) Germany,

OCCUPATION OF DECEASED ~~Housework~~ None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE ~~AND BELIEF~~.

(Informant) Father

(Address) 3237 E Baltimore St

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23rd 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 21st 1907 to May 23 1907 that I last saw h[illegible] alive on May 23 1907, and that death occurred, on the date stated above, at 8 ~~A~~ M. The CAUSE OF DEATH was as follows:

Primary Tumor, Lung

(DURATION) 2 DAYS

Contributory Congestion of Lungs

(DURATION) 2 DAYS

(Signed) J C Schofield M. D.

May 23 1907 (Address) 1400 Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cem	May 24 1907
UNDERTAKER	ADDRESS
P Sanders Sons	1710 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 578 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Flanagan

{Residence, if in Baltimore, Give Street and Number.} 578 Oxford St

C1309

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Mar. 4th 1906	
AGE: 1 years, 2 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Jas. Flanagan	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Elizabeth Johnson	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Flanagan

(Address) 578 Oxford St

Filed 5/24 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23rd 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 24 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Julia Bracanin M.D.

Address 700 Laf. av. (Comm)

Date May 23rd 1907

Place of Burial Laurel

Date 5/25 1907

Undertaker Alex Hemsley

Address 578 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de US give "Sp

SEX

DATE

AGE

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Filed 5/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 1310

City of Baltimore, (No. 1226, Ething St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John M. Hoes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: ed

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Private Detective

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Hoes

(Address) 1226 Ething

Filed 5/24 1907

HARRY O. ... PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ~~April~~ March 1907 to May 1907

that I last saw her alive on May 10 1907,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Acute Pulmonary Tuberculosis

March 1907 & May (DURATION) DAYS

Contributory None

(DURATION) DAYS

(Signed) W K Formack M. D.

May 24 1907 (Address) 207 N. Liberty St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mountain Ball Co

DATE OF BURIAL: 5/25 1907

UNDERTAKER: Abel Hemsley

ADDRESS: 857 S. Bridle

WM. J. C. DULANY CO., BALTIMORE.

Facts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty. of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2010 Christian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isreial Shumer

{ Residence, if in Baltimore, Give Street and Number. } 2010 Christian St C 13 11

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 24th 1907

AGE 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David Shumer

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ruben Boyfeun

(Address) 2016 Christian St

Filed 5/24 1907 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24th 1907

I HEREBY CERTIFY, That I attended deceased from May 15th 1907 to May 24th 1907

that I last saw h... alive on May 23rd 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Scarlet Fever

(DURATION) 7 DAYS

(Signed) J Bamm M.D.

Address 2017 Wilkens Ave

Date May 24th 1907

Place of Burial Hebrew Cemetery Washington Road

Date May 24/07 1907

Undertaker H. C. Bramm

Address S. S. Pappleton St

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C1312

City of Baltimore, (No. 843, Covington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 29 (Day) 1906 (Year) (Month)

AGE: ..... years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John F Miller

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md

MAIDEN NAME OF MOTHER: Minnie Wiestland

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Miller Father

(Address) 1843 Covington St

Filed 5/24 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 22 1907 that I last saw her alive on May 22 1907, and that death occurred, on the date stated above, at 2.45 A.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. B. Adams M. D.

May 23 1907 (Address) 2124 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: May 24 1907

UNDERTAKER: Jos. Stanfebeck | ADDRESS: 1318 Light

WM. J. C. DULANY CO., BALTIMORE

ts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

12

(Place of Death.) No. 620 1 Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Rok

{Residence, if in Baltimore, Give Street and Number.} 620 1 Bond

C1313

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Albert Rok

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Katie Chmiel.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Rok.

(Address) 620 S. Bond St

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 22 1907

that I last saw h[illegible] alive on May 22 1907,

and that death occurred, on the date stated above, at 4:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Bright's disease

(DURATION) 7 wks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 620 Bond

Date May 24 1907

Place of Burial St Stanislaus.

Date Saturday May 25" 1907

Undertaker M. F. Sullivan Bro.

Address 703 S. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of*** [illegible]th.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

CERTIFICATE OF DEATH.

C 1314

Registered No. B .....

City of Baltimore, (No. 1605, Cole St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva Orth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar (Month) 7 (Day) 1906 (Year)

AGE: 1 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Orth

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Annie Nix

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Orth

(Address) 1605 Cole St

Filed 5/24 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 23, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 17, 1907 to May 23, 1907 that I last saw her alive on May 23, 1907, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH was as follows:

Cerebro spinal meningitis

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

May 24 1907 (Address) 213 E Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cem

DATE OF BURIAL: May 25 1907

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under this notice, to furnish within ***ty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. 311 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm E Smith

{Residence, if in Baltimore, Give Street and Number.} 311 Scott st.

Duration of Residence in Baltimore. Life

C1315

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 22 1852

AGE 54 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Thos M Smith

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Susan A Pickett

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED ~~Orphan~~ Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Griffith

(Address) 311 Scott St.

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23rd 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to May 22 1907

that I last saw h.. alive on May 22 1907,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Contributory Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia and Collapse (DURATION) 4 hours DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date May 23 1907

Place of Burial Mt Olivet

Date May 25 1907

Undertaker Jos. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Physician who attended during his or her last sickness, or the Coroner, when the case comes under this notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533. W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Washington

{ Residence, if in Baltimore, Give Street and Number. } 2237. Brunt St

Duration of Residence in Baltimore. 14yr C1316

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Carroll Co

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Washington

(Address) 2237 Brunt St

Filed 5/24/1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr 30 1907 to May 23 1907

that I last saw h alive on May 23 1907

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

accidentally Asphixiated by Illuminating Gas (DURATION) DAYS

Contributory (Primary) Pleurisy and Gas Intoxication (DURATION) DAYS

(Signed) Frank Soder M.D.

Address Cooperstd

Date May 24th 1907

Place of Burial Mt Olivet

Date May 26 1907

Undertaker W. J. Johnson

Address 614 E Baker St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 137 Little John Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wesley Young

{Residence, if in Baltimore, Give Street and Number.} 137 Little John Al. Baltimore Md.

C1317

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 14 - VII - 1902

AGE four years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Young

BIRTHPLACE OF FATHER (State or country) Talbot Co Maryland

MAIDEN NAME OF MOTHER Washington

BIRTHPLACE OF MOTHER (State or country) Carrol Co Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Young

(Address) 137 Little John Al.

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 22 - V - 1907

I HEREBY CERTIFY, That I attended deceased from 17 - V - 1907 to (only saw deceased once) 1907 that I last saw him alive on 17 V 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis (Tuberculous?)

(DURATION) DAYS

Contributory (Primary.) (Tuberculosis?) ✓

(DURATION) DAYS

(Signed) Henrietta M. Thomas ✓ M.D.

Address 1718 John St. Baltimore Md

Date 23 - V - 1907

Place of Burial Laurel Cemetery

Date May 25 1907

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person d, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 1017 N Caster St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Guetta

{ Residence, if in Baltimore, Give Street and Number. } 1017 N Caster St

Duration of Residence in Baltimore.

C 1318

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. 17 1905
AGE	1 years, 8 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Michael Guetta
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Hedwick Hrisnes
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1017 N Caster St

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from 18 May 1907 to 23 May 1907 that I last saw h im alive on May 23d 1907, and that death occurred, on the date stated above, at 7.30

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebreter

(DURATION) 6 DAYS

Contributory (Primary.) had a fall on the head (DURATION) DAYS

(Signed) Chas J Timms M.D.

Address 1025 N Wolfe St

Date May 23 1907

Place of Burial Holy Redeemer

Date May 24 1907

Undertaker Henry Beck & Son

Address 1321 E Eager St

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Graves

{ Residence, if in Baltimore, Give Street and Number. } Chestertown Md., Kent Co.

Duration of Residence in Baltimore. —

C 1319

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 56 — years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Graves

(Address) Chestertown, Md.

Filed

..... 190 .....

Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20, 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1907 to May 20, 1907 that I last saw h[illegible] alive on May 20 1907, and that death occurred, on the date stated above, at 8— A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease.

— (DURATION) ..... DAYS

Contributory (Primary) Uraemia & Heart failure (DURATION) 4 DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hosp.

Date May 21, 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 23 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. 12 Dunsley's Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Alice Jones first named.

{ Residence, if in Baltimore, Give Street and Number. } 12 Dunsley's Court

Duration of Residence in Baltimore. Life-time C1320

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH May 22 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER James T. Jones

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Alice Gaines

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Jones

(Address) 12 Dunsley's Court

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to May 22 1907 that I last saw h.. alive on May 22 1907, and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt. G. Admiall M.D.

Address 424 - East 23 St

Date May 23, 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date MAY 23 1907 190.....

Commissioner Health.

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

5b

Registered No. B C1321

City of Baltimore, (No. ~~Eastern~~ J. S. Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George L. Cross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: -

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: Umbrella Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed ..... 190 .....

JOHNS HOPKINS HOSPITAL

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 22 1907 that I last saw h- alive on May 22 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Delerium Tremens.

(DURATION) 1 DAYS

Contributory Bright's Disease.

(DURATION) - DAYS

(Signed) Wm Brumbaugh M. D.

190 (Address) J. S. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Commissioner Health.

DATE OF BURIAL: MAY 23 1907

UNDERTAKER: .....

ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

14

FOR ANATOMICAL PURPOSES

from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

C 1322

Registered No. B .....

City of Baltimore, (No. 1904, Druid Hill av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Gray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto County

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Johnson

(Address) 1904 Druid Hill ave

Filed 5/24 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to May 23rd 1907 that I last saw h e alive on May 21st 1907, and that death occurred, on the date stated above, at 9.35 A. M. The CAUSE OF DEATH was as follows:

General dropsy due to mitral incompetency

(DURATION) 30 DAYS

Contributory Rheumatic Endocarditis (DURATION) About 2 years DAYS

Valvular involvement

(Signed) Chas J Keller M. D.

May 23 1907 (Address) 1904 Druid Hill ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peter's Cemetery	May 25 1907
UNDERTAKER	ADDRESS
Felix B. Pye	102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within g his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **ty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same e ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 13123

City of Baltimore, (No. 243 / Woodbrook Ave.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Hull

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. (Month) 19 (Day) 1814 (Year)

AGE: 93 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Andrew Hull

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Don't Know

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry A. Myerly

(Address) 243 Woodbrook Ave

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 23 1907 to May 23 1907 that I last saw h[illegible] alive on May 21 1907, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) 30 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Thos J Talbott M. D.

May 25 1907 (Address) 1944 E. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: May 25 1907

UNDERTAKER: Harry W. Ehlen ADDRESS: 1944 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. BC 1324

City of Baltimore, (No. 428 N. Exeter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roda Abramowitz

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Perais Glarin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Silverman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Abromowitz

(Address) 428 N. Exeter st.

Filed 5/24 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 23 1907 that I last saw h.. alive on ' ' 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis and a valvular heart lesion

7 12 years (DURATION) DAYS

Contributory asthema

one year (DURATION) DAYS

(Signed) A. J. Freiman M. D.

May 24 1907 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mount Philip Rd Cem. | DATE OF BURIAL May 24 1907

UNDERTAKER Max Levinson | ADDRESS 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. 2303 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Buniak

{Residence, if in Baltimore, Give Street and Number.} 2303 Ashland Ave

Duration of Residence in Baltimore. 21 yrs

C1325

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Frank Cruiak

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Elizabeth Bilek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kluzek

(Address) 2303 Ashland Ave

Filed 5/24/ 1907 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to May 24 1907

that I last saw h alive on May 24 1907

and that death occurred, on the date stated above, at 12.45 A M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) H. F. Gray M.D.

Address 731 E. Baltimore St

Date May 28 1907

Place of Burial Holy Redeemer

Date May 1907

Undertaker Frank Cruiak

Address 1904 Ashland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **forty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 East Lynne Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Holsritter:

{ Residence, if in Baltimore, Give Street and Number. } 403 East Lynne Ave

C/326

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo. H. Holsritter

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Ridding

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Holsritter

(Address) 403 East Lynn Ave

Filed 5/24 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 1907

I HEREBY CERTIFY, That I attended deceased from about 10 1907 to May 22 1907

that I last saw him alive on May 22 1907,

and that death occurred, on the date stated above, at 9 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.) Asphyxia

(DURATION) 1 DAYS

(Signed) Asa L Hosaels M.D.

Address 518 Frederick Ave.

Date May 22 1907

Place of Burial Loudon Park Cemetery

Date May 26th 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ... forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person ... d, and the ***cause and date of death.***

(Place of Death.) No. 2215 Cleveland Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arminta Jones

{Residence, if in Baltimore, Give Street and Number.} 2215 Cleveland Pl

Duration of Residence in Baltimore. Life C1327

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH — 1 —

AGE 54 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm Gardner

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas W Jones.

(Address) 2215 Cleveland Place

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease (Sudden)

(DURATION) DA...

Contributory (Primary.)

(DURATION) DAY...

(Signed) Fred'k Cullen M.D.

Address Coroner Reed.

Date May 22 07 190...

Place of Burial Baltimore Cemetery

Date May 25th 190...

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1328

Registered No. B

City of Baltimore, (No. St. Francis Convent St.; Ward) Co Chas & Forest Park
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Goldie Theresa Woodson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Mulatto

DATE OF BIRTH: April (Month) 8 (Day) 1884 (Year)

AGE: 23 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): California

FULL NAME OF FATHER: John Wilson

BIRTHPLACE OF FATHER (State or country): Don't know.

MAIDEN NAME OF MOTHER: Alyna Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Incarnate

(Address) St Frances Convent

Filed 5/24 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to May 23 1907 that I last saw her alive on May 23 1907, and that death occurred, on the date stated above, at 9.30 P.M. The CAUSE OF DEATH was as follows:

De Asthenia (DURATION) 3 DAYS

Contributory Tuberculosis of lungs and peritoneum (DURATION) 13 mos. DAYS

(Signed) Mary F. Voglein M.D.

May 24 1907 (Address) 1128 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: May 25 1907

UNDERTAKER: Edward A Byrne

ADDRESS: 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. Md. Gen. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edw. B. Blake

{Residence, if in Baltimore, Give Street and Number.} 706 Lemox st.

Duration of Residence in Baltimore. Life

C1329

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~May 23~~ Jan 26. 1840

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: James Blake.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Ann K Duncan

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella A Blake

(Address) 706 Lemox st.

Filed 5/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 23. 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to ..... 190.....

that I last saw him alive on May 22 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Gangrene

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N. LaFayette.

Date May 23. 1907

Place of Burial Lorraine Cemetery

Date May 25th 1907

Undertaker H. C. Evans

Address Bradenville

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

Physician who attended during his or her last sickness, of the Coroner, when the case comes under his ***ty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same e ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 W Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Rose Barnwell

{ Residence, if in Baltimore, Give Street and Number. } 503 W. Biddle St

C1330

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown 1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER William Devon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Keelan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Barnwell

(Address) 503 W Biddle St

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to May 22 1907

that I last saw her alive on May 22 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) DAYS

Contributory (Primary) chronic nephritis (DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date May 23 1907

Place of Burial New Cathedral

Date May 27th 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 N Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Beall

{ Residence, if in Baltimore, Give Street and Number. } 505 Mosher St

C1331

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 13th 1826

AGE: 81 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Mary Harvey

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Beall

(Address) 1608 N Fulton Ave

Filed 5/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to May 23 1907 that I last saw h er alive on May 23 1907, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac & Respiratory Failure

(DURATION) ..... DAYS

Contributory (Primary.) Arrhal Hemorrhage (DURATION) 6 hours ~~DAYS~~

(Signed) C. Hubau Smith M.D.

Address Professional Bldg

Date May 23 1907

Place of Burial Laurel Md

Date May 25th 1907

Undertaker E M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

(Place of Death.) No. 940 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Brooks

{ Residence, if in Baltimore, Give Street and Number. } 940 Leadenhall St.

C1332

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dont know

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER David Brooks

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Susan Johnson

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Williams

(Address) 940 Leadenhall St

Filed 5/24/1907 S.E.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the Heart

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo Weisenthaldt M.D.

Address Coroner

Date May 24 190 7

Place of Burial Calvert Co Md Governors Run

Date May 24 190 7

Undertaker Jno H. Toadvine

Address 142 Orchid St

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 1333

City of Baltimore, (No. 1633, Patterson Ave., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgina Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: May (Month) 1 (Day) 1831 (Year)

AGE: 76 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Clark

BIRTHPLACE OF FATHER (State or country): Near Annapolis Md

MAIDEN NAME OF MOTHER: Rebecca Griffin

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna L. Grabow

(Address) 1633 Patterson Ave

Filed 5/24 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from September 24 1906 to May 22 1907

that I last saw h ar alive on May 22 1907,

and that death occurred, on the date stated above, at 5.10 P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 5 Mo. DAYS

Contributory Stall.

(DURATION) DAYS

(Signed) P. W. Grabow M. D.

190 (Address) 1633 Patterson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL 25 May 190 7

UNDERTAKER: Geo. Bruce

ADDRESS 594 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

TION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same nscertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Charles Brown

{Residence, if in Baltimore, Give Street and Number.} C1334

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed ..... 190 ..... HARRY C. ... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from April 11 1907 to May 24 1907

that I last saw him alive on May 24 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholecystitis

Chronic diffused

Nephritis, Pulmonary

Oedema. (DURATION) DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) R R Vonnit M.D.

Address Bay View Hospital

Date May 24 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 24 1907 190

Undertaker William H Woodin

Address 84 aiken st

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...TION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ...sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ...scertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Thaddeus

{ Residence, if in Baltimore, Give Street and Number. }

C1335

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/24 1907

HARRY O. [illegible] PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to May 23 1907 that I last saw h-- alive on May 23 1907 and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date May 23 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date MAY 24 1907 190

Undertaker William H Woodes

Address 1011 Aisquith St

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

94

Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ayers (Col)

{ Residence, if in Baltimore, Give Street and Number. } 1405 Eastern Ave

C 1336

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Mary Ayers

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Washwoman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) .....

Filed 5/24 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .. to May 23 1907

that I last saw h e alive on May 22 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) ..... DAYS

Contributory (Primary.) Empyaemia of lung

(DURATION) ..... DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date May 23 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date MAY 24 1907 190 ..

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. 37 Gutman Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Lindsay.

{Residence, if in Baltimore, Give Street and Number.} 37 Gutman Ave.

Duration of Residence in Baltimore. 10 years.

C1337

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1848?

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): King George Co. Va

FULL NAME OF FATHER: Carter Pierce

BIRTHPLACE OF FATHER (State or country): King George Co. Va.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Cooper

(Address) 1366 Eutaw St

Filed May 24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to May 23 1907 that I last saw h-r alive on May 23 1907, and that death occurred, on the date stated above, at 2 P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure (death Sudden) had complained for 3 days with Cardiac distress. (DURATION) DAYS

Con'ributory (Primary) Emphysema (DURATION) DAYS

(Signed) W. H. Wright M.D.

Address 1373 N. Carey St.

Date May 23, 1907.

Place of Burial Cary Co Va

Date May 26th. 1907

Undertaker Clarence E. Wright

Address 2364 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1416 Chatsfield St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T. Lawson

{ Residence, if in Baltimore, Give Street and Number. } 1416 Chatsfield St.

Duration of Residence in Baltimore. Life

C 1338

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Apr 27 1887	
AGE: 20 years, — months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: William T Lawson	
BIRTHPLACE OF FATHER (State or country): N. C.	
MAIDEN NAME OF MOTHER: Sarah E Lawson	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William T. Lawson

(Address) 1416 Chatsfield St.

Filed 5/24 1907 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to May 24 1907

that I last saw h[illegible] alive on May 24 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Con'tributory (Primary.)

asphyxia (DURATION) 1 DAY

(Signed) T. E. Daugherty M.D.

Address 2506 Pennsylvania ave

Date Balto May 24 1907

Place of Burial Mt Lebanon

Date May 26th 1907

Undertaker Hammond & Dugan

Address 1364 & 1366 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

(Place of Death.) No. 409 W. Lee St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Ralph Brown

{Residence, if in Baltimore, Give Street and Number.} 409 W. Lee St. C1339

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Col

DATE OF BIRTH ~~Sept~~ Feb. 1903

AGE 4 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm. Lane Brown

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Brown

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Bailey

(Address) 409 W. Lee St.

5/25 190... Registrar

HARRY C. ANDERSON
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 17 190... to May 24 190...

that I last saw h... alive on May 24 190...

and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate

Cardiac Paralysis

from Toxic Poisoning

Strychnine

(DURATION) DAYS

Contributory (Primary.) Acute Pericarditis

~~of Rheumatism~~ (DURATION) DAYS

(Signed) Margaret Bailey M.D.

Address 409 W. Lee St.

Date May 24 190...

Place of Burial Laurel

Date May 26 190...

Undertaker H. T. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 113 E. Dallas St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Mary Moore

{Residence, if in Baltimore, Give Street and Number.} 113 E. Dallas St (1340)

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Daniel F Moore

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Henrietta Singleton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel F Moore Jr

(Address) 113 E Dallas St.

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 1 1907 to May 23 1907

that I last saw her alive on May 15 1907,

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute tuberculosis

(DURATION) 53 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 2006 E. Balt. St

Date May 25 1907

Place of Burial Laurel

Date May 26 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate thereof, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person and the ***cause and date of death.***

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Jones

{ Residence, if in Baltimore, Give Street and Number. } 431 N. Central Av.

Duration of Residence in Baltimore. Life

C 1341

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Myers

(Address) 431 – N Central Av

Filed 5/25 190 7

MARY C. ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 – 1907

I HEREBY CERTIFY, That I attended deceased from May 5 190 7 to May 23 190 7

that I last saw her alive on May 23 190 7 at 1.30

and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Secondary Anemia with Pulmonal Collapse.

..... (DURATION) ..... DAYS

Contributory (Primary.) Hemorrhages from Nose-Mouth & Stomach

..... (DURATION) ..... DAYS

(Signed) Wm C. Dorsey M.D.

Address City Hospital

Date May 23 – 1907

Place of Burial Mt Hope

Date May 27 – 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Chas. Barbara Kisnowsky

{ Residence, if in Baltimore, Give Street and Number. } Sparrow Point

C 1342

Duration of Residence in Baltimore. < 3 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 24th 1907

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. Gen. Hospital

(Address)

Filed 5/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull

1 mo. & 12 day (DURATION) ..... DAYS

Con'ributory (Primary) accident in load in ship at Sparrow Point (DURATION) ..... DAYS

(Signed) Chas Bal Towns M.D.

Address 700 Eag. Ave. (Canton)

Date May 24th 1907

Place of Burial Holy Rosary

Date May 27 1907

Undertaker Jacob Jaglowski

Address 1428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 1808 Ins. Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Francis Birmingham

{Residence, if in Baltimore, Give Street and Number.} 1808 Ins. Henry St

C1343

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 15th 1876

AGE: 31 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Birmingham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rosa Gallagher

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knell

(Address) 917 Columbia ave

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23rd 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 24 1907 that I last saw h. alive on May 23 1907 and that death occurred, on the date stated above, at 9.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'ributory (Primary.) Phthisis Pulmonalis (DURATION) 23 DAYS

(Signed) W Blaney M. D.

Address 1108 Gilmor St

Date May 24th 1907

Place of Burial Cathedral

Date May 27th 1907

Undertaker A Knell & Son

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

(Place of Death.) No. Hebrew Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

C1347

Full Name John H Lauer

{Residence, if in Baltimore, Give Street and Number.} Mt Wilson Balto Co.

C1344

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH May 2 1858

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Lauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Manhall

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Lauer

(Address) Washington Rd

Filed 5/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from an Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage due to stab wound in abdomen

(DURATION) 24 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Manley M.D.

Address Coroner

Date May 24 1907

Place of Burial London Park

Date May 26 1907

Undertaker J & B Cook

Address 803 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

C 1345

Registered No. B

City of Baltimore, (No. 205 N. Calvert St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Catherine Baden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 26 (Day) 1842 (Year)

AGE: 64 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: James R Thompson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E Abell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard F Baden

(Address) 2116 N Calvert st

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 25th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 19th 1906 to May 25th 1907

that I last saw h er alive on May 24th 1907,

and that death occurred, on the date stated above, at 4

A M. The CAUSE OF DEATH was as follows:

Heart Disease

8 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) W H Pearce M. D.

May 25th 1907 (Address) 2105 Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: May 27 1907

UNDERTAKER: C M Mitchell — ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate and the ***cause and date of death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 N Arlington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Eliza Thompson

{Residence, if in Baltimore, Give Street and Number.} 221 N. Arlington Ave

C1346

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH May 9 1907

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md Baltimore

FULL NAME OF FATHER Ira Thompson

BIRTHPLACE OF FATHER (State or country) West River Md.

MAIDEN NAME OF MOTHER Rachel A. Fountain

BIRTHPLACE OF MOTHER (State or country) West River Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira Thompson

(Address) 221 N. Arlington Ave

Filed May 25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to May 23 1907

that I last saw her alive on May 23 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclapsia

(DURATION) 1 DAYS

Contributory (Primary) Apnoea

(DURATION) 1 DAYS

(Signed) W. F. Norwood M.D.

Address 939 W Fayette St

Date May 24 1907

Place of Burial Mt Auburn

Date May 25 1907

Undertaker Alfonzo J. Trulaggo

Address 106 N. Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. CB 1347

City of Baltimore, (No. 849 Calverton Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Milly A. Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 12 (Day) 1871 (Year)

AGE: 36 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Suter

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H Martin

(Address) 849 Calverton Road

Filed 5/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to May 24 1907 that I last saw her alive on May 24 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Uterus

(DURATION) 1 yr DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J Pollard La Barre M. D.

May 24 1907 (Address) 1903 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Louden Park Cem — DATE OF BURIAL: May 27 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

ts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. *And be it further enacted and ordained*, That whenever any perso physician who attended during his or her last sickness, or the Coroner, when t when the case comes under his notice, to furnish within **-four hours after death**, to the Undertaker, or other person superintending the ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. 8 S. Chester st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Galstrum

{Residence, if in Baltimore, Give Street and Number.} 8 S. Chester st

Duration of Residence in Baltimore. 37 Years

C1348

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Oct 14 1859

AGE: 47 years, 7 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): U. S.

FULL NAME OF FATHER: John Galstrum

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Galstrum

(Address) 8 S. Chester st

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 23 1907 190

I HEREBY CERTIFY, That I attended deceased from May 1, 1907 to May 23, 1907

that I last saw h alive on May 23, 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Diabetes

(DURATION) 22 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M.D.

Address

Date MAY 24 1907 190

Place of Burial Loudon Park. Cem.

Date MAY 26 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within ***eighteen hours after death,*** to the ... orth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ..., and the ***cause and date of death.***

(Place of Death.) No. 806 N Pratt St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

St.

Full Name Leon Menkiowiz

{ Residence, if in Baltimore, Give Street and Number. } 806 N Pratt St

C1349

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 11 1906

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of child

(Address) 806 N. Pratt St

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 25 1907

that I last saw him alive on May 25 1907,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) H. S. Gibney M.D.

Address 1731 E Pratt St

Date May 26 1907

Place of Burial St Stanislaus Cemetery

Date My 26 1907

Undertaker M. S. Brick

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Koswowska

{ Residence, if in Baltimore, Give Street and Number. } # 727 S. Ann St.

C1350

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Koswowska

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Fragizis Lejewska

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Father

(Informant) Joseph Koswowski.

(Address) 727 S. Ann St

Filed

Mar 5 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to May 24 1907

that I last saw h~~im~~ alive on May 23 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Pertussis

(DURATION) 35 DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Aliceanna St

Date May 24 1907

Place of Burial St. Stanislaus.

Date Saturday May 25" 1907

Undertaker M F. Sulkowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso d, and the **cause and date of death.**

(Place of Death.) No. 3042 Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jasik

{ Residence, if in Baltimore, Give Street and Number. } 3042. Boston

Duration of Residence in Baltimore. Life

C 1351

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto - Md

FULL NAME OF FATHER Joseph Yasik.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Rosa Rzychowiak

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Yasik.

(Address) 3042 Boston St

Filed 7/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24th 1907

I HEREBY CERTIFY, That I attended deceased from May 20th 1907 to May 24th 1907 that I last saw her alive on May 22 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) 51 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. W. Kelly M.D.

Address 2 Hudson St

Date May 24th 1907

Place of Burial Holy Rosary.

Date Saturday May 25th 1907

Undertaker M. F. Radomski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. 129 Harrison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Freund

{ Residence, if in Baltimore, Give Street and Number. } 129 Harrison St.

Duration of Residence in Baltimore. Life

C1352

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 5 1903

AGE 3 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Anton Freund

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary Langer

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Freund

(Address) 129 Harrison

Filed 5/25 1907

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to May 25 1907

that I last saw h alive on May 25 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Laryn Diphtheria

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) J. C. Blades M.D.

Address 143 N. Bond

Date 190

Place of Burial St Vincents

Date May 26 1907

Undertaker E. J. Fleming

Address 1938 E Lafayette ave

sudden May 26/07 Sp. Inv.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 S. Patterson Pk. Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Edna Irene Henderson

{Residence, if in Baltimore, Give Street and Number.} 506 S. Patterson Pk Ave

Duration of Residence in Baltimore. Life

C1353

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 11th 1883

AGE: 23 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas W. Henderson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie E. Herold

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Herold

(Address) 506 S. Patterson Park Ave.

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Balto. May 23rd 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 23 1907

that I last saw h[illegible] alive on May 21st 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Haemmorrhage (DURATION) DAYS

Con'tributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) R. S. Kirk M.D.

Address 1610 E. Baltimore St.

Date May 24th 1907

Place of Burial Mt. Carmel Cemetery

Date May 26th 1907

Undertaker H. SANDER & SONS

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 Park Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sidney Calhoun Harris

{ Residence, if in Baltimore, Give Street and Number. } 511 Park Avenue - Baltimore.

C15354

Duration of Residence in Baltimore. Eighty-three years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: December 5th 1823

AGE: 83 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benedict Williams Hall

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann Calhoun Hall

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Hall Harris

(Address) 511 Park Avenue

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1907 to May 24 1907

that I last saw h.. alive on May 24 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure, following Anaemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ghistart M.D.

Address 211 W. Lanvale

Date May 25 1907

Place of Burial Mt. Auburn Church yard Baltimore Co.

Date May 26th 1907

Undertaker Holbrook Kirk & Sons Co.

Address 16 & 18 N. Howard & Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 1355

Registered No. B .....

City of Baltimore, (No. 904, Park ave., St.; .....Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Child of Mary Harry S. Dobson,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Harry Dobson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Marie Troye

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Dobson.

(Address) 904 Park Ave.

Filed 7/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 25th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 18th, 1907 to May 24th 1907 that I last saw him alive on " " 1907 and that death occurred, on the date stated above, at 5.30 a. m. The CAUSE OF DEATH was as follows:

Stenosis pneumatosum, while deceased of a toxic character, lasting about (DURATION) 5 DAYS

Contributory Inanition, (DURATION) 5 DAYS

(Signed) Edwin Ogle C. Price M. D.

5-25th 1907 (Address) 1017 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: May 25th 1907

UNDERTAKER: Felix B Frye — ADDRESS: 1026 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Booker Washington

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

C 1356

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk.

DATE OF BIRTH: Apr. 17 1907

AGE: — years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 24 1907

that I last saw h im alive on May 24 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 25 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date May 24 1907

Place of Burial Cathedral Cemetery

Date May 25 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH. C 1357

Registered No. B .....

City of Baltimore, (No. 879, Rodney St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary L Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR B

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 879 Rodney St

Filed 5/25 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Jos. F Martin M. D.

190 ..... (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL May 27 190 7

UNDERTAKER J E Elliott — ADDRESS 306 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

d, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age,** d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1207 Jenkins alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel Smith

{ Residence, if in Baltimore, Give Street and Number. } 1207 Jenkins al

C1358

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: July 1st 1906	
AGE: ..... years, 10 months, 24 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Philip Smith	
BIRTHPLACE OF FATHER (State or country): Va.	
MAIDEN NAME OF MOTHER: Blanch Smith	
BIRTHPLACE OF MOTHER (State or country): Va.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanch Smith

(Address) 1017 Jenkins al.

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907.....to.....1907.....

that I last saw h.....alive on.....1907.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Insanitum

from birth (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Corner)

Date May 24th 1907

Place of Burial Laurel

Date May 27 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 1648. Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Moses. Judkins

{Residence, if in Baltimore, Give Street and Number.} 1648 Mulliken St

Duration of Residence in Baltimore. Life Time C1359

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July 1883

AGE: 23 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Worack Judkins

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Richards

(Address) 1648 Mulliken St

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to May 24 1907 that I last saw him alive on May 23 1907, and that death occurred, on the date stated above, at 12:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(Duration called when he had been ill 4 weeks.) Started

(DURATION) 30 DAYS

Contributory (Primary.) Cold

(DURATION) " DAYS

(Signed) J. Heard M.D.

Address 202. Aisquith St.

Date May 24 1907

Place of Burial Laurel

Date May 26 1907

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 2012 St Paul St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary O Fort

{ Residence, if in Baltimore, Give Street and Number. } 2012 St Paul st

C 1360

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 17th 1848

AGE: 59 years, 4 months, 5 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Leander Fort

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Charlotta Duncan

BIRTHPLACE OF MOTHER (State or country): Nova Scotia

OCCUPATION OF DECEASED: Retired School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Lottie B Fort

(Address) 2012 St Paul st

Filed 5/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 26th 1907 that I last saw her alive on May 24th 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

Died in Paroxysm.

Had disease many years

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. T. Reynolds M.D.

Address 2004 St. Paul St

Date May 26th 1907

Place of Burial Greenmount Cemetary

Date May 27th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. 27 S. Greene St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosina Mueller

{ Residence, if in Baltimore, Give Street and Number. } 27 S. Greene St. 1361

Duration of Residence in Baltimore. One Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH not known 1

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER do not know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER do not know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Own work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. J. Fisher

(Address) 27 S. Greene

Filed 5/25/ 1907 S.D.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1907

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to May 25th 1907 that I last saw her alive on May 24th 1907, and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart 5

Rheumatism

(DURATION) 18 DAYS

Contributory (Primary.) Rheumatism

2 to 3 Years (DURATION) — DAYS

(Signed) Chas L. Huddlestone M.D.

Address 418 S. Paca St.

Date May 25th 1907

Place of Burial Camden N. J.

Date May 25 1907

Undertaker Ph. J. Dillon & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

(Place of Death.) No. 253 Camel Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Anderson

{ Residence, if in Baltimore, Give Street and Number. } 253 Camel Alley

Duration of Residence in Baltimore. 2yrs

C1362

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: May 6 1904

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Robert M. Anderson

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Ida E. Beverly

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert M. Anderson

(Address) 253 Camel alley

Filed 5/26 1907

HARRY C. ANDREW
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1907

I HEREBY CERTIFY, That I attended deceased from May 21st 1907 to May 25 1907

that I last saw h alive on May 25 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D Gaul Scott M.D.

Address 354 W. Biddle st

Date May 25th 1907

Place of Burial Mt Auburn Cemetery

Date May 26 1907

Undertaker Isaac Brown

Address 565 W. Dolphin st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie E. Smith

{ Residence, if in Baltimore, Give Street and Number. } 1635 N. Bradford St.

Duration of Residence in Baltimore. Life

C 1363

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 16 1864

AGE 42 years, 10 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Do not know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1635 N. Bradford St.

Filed 5 26 1907

HARRY C. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24" 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to 24 1907

that I last saw h alive on May 24 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus Senua.

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) C. Pelham M.D.

Address 1419 Eager

Date May 25th 1907

Place of Burial Cathedral Cemetery

Date May 28" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Kirke.

{ Residence, if in Baltimore, Give Street and Number. }

C1364

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Male — COLOR: White	DATE OF DEATH: May 25 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from April 4 1907 to May 25 1907
AGE: 35 years, months, days	that I last saw him alive on May 25 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Raleigh N.C	Exhaustion
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	(DURATION) DAYS
MAIDEN NAME OF MOTHER:	Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country):	(Signed) R R Norris M.D.
OCCUPATION OF DECEASED: Laborer	Address Bay View Hospital
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt.	Date May 25 1907
(Informant)	Place of Burial Dared Head
(Address) BAY VIEW ASYLUM.	Date May 28" 1907
Filed 5/26 1907 Registrar	Undertaker Evans & Spence
2 x 8	Address 118 & 120 N. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

Registered No. BC 4365

City of Baltimore, (No. Franklin Sq Hosp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Matthews

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	26 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Wilson
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary J Thomas
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Matthews

(Address) 119 Barnes al

Filed 5/26 1907 Registrar

WM. J. C. DULANY CO., BALTIMORE.

4x7

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to May 24 1907 that I last saw h alive on May 24 1907, and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 19 DAYS

Contributory Chronic Bright's

(DURATION) DAYS

(Signed) Wm Brumbaugh M. D.

May 24 1907 (Address) F. S. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 26 1907
UNDERTAKER	ADDRESS
W J Johnson	614 Baker

V

From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SEC. 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. 1718 Crystal Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Florina P. Niebergall

{Residence, if in Baltimore, Give Street and Number.} 1718 Crystal ave

Duration of Residence in Baltimore. Life

C1366

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH May 19 1835

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Adam Niebergall

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie Friedmann

(Address) 1718 Crystal ave

Filed 5/25 190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 24 - 1906 to May 24 - 1907

that I last saw h alive on " " 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

9 mos (DURATION) DAYS

Contributory (Primary) Arterio-sclerosis

at least 1 year (DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st.

Date May 26 - 1907

Place of Burial Schwartz Cemetery

Date May 27 1907

Undertaker Robt J Dumm

Address Bway & Fallon

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

ur hours after death, to the Undertaker, or other person superintending the burial, a certificate ertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1367

City of Baltimore, (No. 2035 Booth St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Thomas Hoopes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August (Month) 25th (Day) 1863 (Year)

AGE: 43 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: John T. Hoopes

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Sarah Jane Pierson

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Hoopes

(Address) 2036 Booth St

Filed 5/26 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 25th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 5 1907 to May 24 1907

that I last saw him alive on May 24 1907,

and that death occurred, on the date stated above, at 2.20 A. M. The CAUSE OF DEATH was as follows:

Congestion of Lungs & Heart Failure
beginning with Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F. W. Hoblemann M. D.

May 25 1907 (Address) 1908 W. Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 27 1907

UNDERTAKER: Robt J Turner — ADDRESS: Pikesville

WM. J. C. DULANY CO., BALTIMORE.

ts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person, and the **cause and date of death.**

(Place of Death.) No. 1211 Durst al St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josephine E. Stewart

{ Residence, if in Baltimore, Give Street and Number. } 1211 Durst al

Duration of Residence in Baltimore. 45 yrs C 1368.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Don't know

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Petersburg Va

FULL NAME OF FATHER Isaac Evans

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip H Stewart (Son)

(Address) 1211 Durst al

Filed 5/26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8 .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ole M Leinhardt M.D.

Address Coroner

Date May 24 1907

Place of Burial Cedar Hill

Date May 26 1907

Undertaker John P Fahey

Address 1232 Williams

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person, and the **cause and date of death.**

(Place of Death.) No. 1119 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Greenhow Lee 1st

{ Residence, if in Baltimore, Give Street and Number. } 1119 Park Ave

C1369

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	May 25 1907
AGE	7 years, 8 months, 16 days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	widowed
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Robert Greenhow
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary Jane Chaulton
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Spencer L. Davidson

(Address) 1119 Park Ave

Filed 5/26 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to May 24 1907

that I last saw her alive on May 24 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

Mitral Insufficiency

(Chronic)

(DURATION) DAYS

Contributory (Primary) Suppression of Urine

(DURATION) 3 DAYS

(Signed) Hunter Abercrombie M.D.

Address 827 N Eutaw St.

Date May 25 1907

Place of Burial Winchester Va

Date May 27 1907

Undertaker Chas E Franck

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

9

Registered No. BC 1370

City of Baltimore, (No. 434 E Lmallwood St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hazel Anna Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct 3 1905
(Month) (Day) (Year)

AGE 2 years, 7 months, 22 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm F Bauer

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary F Brown

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Bauer

(Address) 434 Smallwood St

Filed 5/26 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to May 25 1907

that I last saw her alive on May 25 1907,

and that death occurred, on the date stated above, at 4. P. M. The CAUSE OF DEATH was as follows:

Lungs Gen Tuberculosis

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Joseph W Stark M.D.

May 25 1907 (Address) 1901 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Parkland

DATE OF BURIAL May 26 1907

UNDERTAKER Jos B Cook

ADDRESS 1003 N Bals

WM. J. C. DULANY CO., BALTIMORE

4 P.M.

s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

TION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person , and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No 2215 N Calvert St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary V. Aiken

{ Residence, if in Baltimore, Give Street and Number. } 2213 N. Calvert St

Duration of Residence in Baltimore. Life

C1371

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: July 16 1848

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John H. T. Jerome

BIRTHPLACE OF FATHER (State or country): Conn

MAIDEN NAME OF MOTHER: Henrietta Hoyer

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Aiken

(Address) 2215 N Calvert

Filed

5/26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24th 1907

I HEREBY CERTIFY, That I attended deceased from about 190 one year 190

that I last saw h-- alive on 23rd May 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Garrison Ave

Date May 26th 1907

Place of Burial Jew. Cathedral

Date May 27 1907

Undertaker E. A. Friedfeld Jr

Address 2103 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

(Place of Death.) No. Orders Ship Yard foot of Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Owen McKim Seal

{Residence, if in Baltimore, Give Street and Number.} 118 E N Montgomery St.

C1372

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	January 25 1897
AGE	10 years, 4 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Brunswick Md
FULL NAME OF FATHER	Mc Kim Seal
BIRTHPLACE OF FATHER (State or country)	Winchester Va
MAIDEN NAME OF MOTHER	Sarah Ray.
BIRTHPLACE OF MOTHER (State or country)	Balto Md.
OCCUPATION OF DECEASED	none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mc Kim Seal father

(Address) 118 E. Montgomery St.

Filed 5/26th 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH may 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. McGuinn M.D.

Address Coroner

Date may 25 190 7

Place of Burial CEDAR HILL, MAY 28 1907

Date ..... 190 .....

Undertaker Armstrong Denny Co., 715 Light Street.

Address .....

CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ... of the Physician who attended during his ... his or her last sickness, or the Coroner, when the case comes under his ... to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ... forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ..., and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. # 890 Clifford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Frisby

{ Residence, if in Baltimore, Give Street and Number. } # 890 Clifford, St.

C1373

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Black

DATE OF BIRTH: May, 12, 1907.

AGE: ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Charles Frisby

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Josephine Young

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Frisby

(Address) 890 clifford

Filed 5/26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Saturday, May, 25th 1907.

I HEREBY CERTIFY, That I attended deceased from May, 12 1907 to May 24 1907 that I last saw h[illegible] 20 alive on May 24, 1907, and that death occurred, on the date stated above, at 7 20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemmorhage

(DURATION) 14 DAYS

Contributory (Primary.) Unknown

(DURATION) DAYS

(Signed) Wm. E. Tyson M.D.

Address 622 W. Lombard St

Date May 25th 1907.

Place of Burial Mt Auburn

Date May 26 1907

Undertaker Jno W. Tyndall

Address 142 Mistick

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE ISSUED

CERTIFICATE OF DEATH. C 1374

Registered No. B

City of Baltimore, (No. 517 Jasper St St.; Ward)
[If death occurred away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Martin

(Address) 517 Jasper St

Filed 5/26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to April 30th 07 that I last saw h in alive on April 30 1907, and that death occurred, on the date stated above, at 5.15 P.M. The CAUSE OF DEATH was as follows:

Exhaustion

Seven Weeks (DURATION) DAYS

Contributory Syphilis.

about 10 years (DURATION) DAYS

(Signed) Edward C. M. Wise M. D.

May 26th 1907 (Address) 706 N. Howard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 26 1907

UNDERTAKER: Felix B Pye — ADDRESS: 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Perkins Moseley

{ Residence, if in Baltimore, Give Street and Number. } 1727 St. Paul Street.

C 1375

Duration of Residence in Baltimore. 20 Yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Aug 30 1857
AGE	49 years, 8 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Alex T. Moseley
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mariet L Housewright
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Isadora Moseley

(Address) 1727 St Paul St

Filed May 26 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24th 1907

I HEREBY CERTIFY, That I attended deceased from May 13th 1907 to May 24th 1907

that I last saw h.im alive on May 24th 1907,

and that death occurred, on the date stated above, at 10.35 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal haemorrhages.

(DURATION) DAYS

Contributory (Primary.) Cholecystitis, Cholelithiasis & Chronic Pancreatitis (DURATION) DAYS

(Signed) C. F. Riggs M.D.

Address 1514 Division St.

Date May 24th 1907

Place of Burial Dillwyn, Buckingham Co. Va

Date May 27 1907

Undertaker Edwin H. Mears & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

...ertaker, or other person superintending the burial, a certificate setting forth, as far as the same ...ertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. 403 S. Exeter St. (Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Palmisano

{Residence, if in Baltimore, Give Street and Number.} Baltimore

C1376

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Antonino Palmisano

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Margherita Giuffre

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: nothing.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Palmisano

(Address) 403 S Exeter St

Filed 5/26/1907 S.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26 May 1907

I HEREBY CERTIFY, That I attended deceased from 15th May 1907 to 25 May 1907 that I last saw her alive on 26 May 1907, and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Joseph Romano M.D.

Address 204 N Greene St

Date 26 May 1907

Place of Burial St Vincents

Date May 28 1907

Undertaker W. J. Schaffer

Address 8. S. Front St

WM. J. C. DULANY CO., BALTIMORE

5-PM 26th

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his rmish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate , as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d the **cause and date of death.**

and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. Home of the Aged. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emily A. Perrigo

{ Residence, if in Baltimore, Give Street and Number. } Fulton Ave & Franklin St.

C1377

Duration of Residence in Baltimore. 77 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1830

AGE 77 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Do not Know.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Do not Know

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Mezinnis

(Address) Franklin & Fulton Ave

Filed 5/27 1907

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 25 1907 that I last saw h.. alive on May 25 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation.

(DURATION) DAYS

Contributory (Primary.) Mitral regurgitation (DURATION) DAYS

(Signed) Edwin Murray M.D

Address 1251 W. Lafayette Ave.

Date May 25 1907

Place of Burial Green Mt. Cemetery

Date May 27th 1907

Undertaker Geo. G. Smith Co

Address 1600 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person , and the **cause and date of death.**

(Place of Death.) No. 1521 E. Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Dardoff

{ Residence, if in Baltimore, Give Street and Number. } 1521 Orleans St.

Duration of Residence in Baltimore. 25 yrs

C1378

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. & B.

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Kross

(Address) 1521 Orleans st

Filed 3/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 26 1907 that I last saw him alive on the 25 1907 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. Simpson M.D.

Address 1026 N. Broadway

Date May 26th 1907

Place of Burial Oak Hill

Date May 28. 1907

Undertaker Frank Quach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicolas Berren

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

C1379

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W.
DATE OF BIRTH: 1822	
AGE: 85 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Peter Berrens	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Angelina Kreiss	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 5/27 1907

HARRY G. ANDREST, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on about 2 weeks prior to his death, and that death occurred, on the date stated above, at p.m. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of heart

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date May 26 1907

Place of Burial Holy Cross

Date May 27th 1907

Undertaker Henry C. Wiedefeld

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate th, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Becker

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

1380

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1852

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 26 1907 that I last saw h~~im~~ alive on May 26 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bayview Hospital

Date May 26 1907

Place of Burial Greenmount Cem

Date May 28 1907

Undertaker William Cook

Address 502 E. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1381

City of Baltimore, (No. 545, W. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Lawson Croxton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) — Year)

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thorton Croxton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Susie Brokenber

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Coal boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Croxton

(Address) 545 W Preston St

Filed 5/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 24 1907 that I last saw him alive on May 24 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

3 to 5 Months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Pearce Kinzing M. D.

May 25 1907 (Address) 1823 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 1907

UNDERTAKER: R E Ellicott — ADDRESS: 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

(Place of Death.) No. 1520 Windsor Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Asher.

{ Residence, if in Baltimore, Give Street and Number. } 1520 Windsor Ave. C1382

Duration of Residence in Baltimore. 17 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Major Willis.

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Polly Jackson.

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Leah Moody

(Address) 1522 Windsor ave

Filed 5/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11- 1906 to May 25 1907 that I last saw h-er alive on May 25 1907, and that death occurred, on the date stated above, at 11-50 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Diarrhoea

(DURATION) DAYS

Contributory (Primary.) Tuberculosis —

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Baltimore May 25- 1907

Place of Burial Loudenpark

Date May 27 1907

Undertaker Doll Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his to furnish within **eighteen hours after death,** forth, as far as the same can be ascertained, the d, and the **cause and date of death.**

Place of Death.) No. 1802 N Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kahl

{ Residence, if in Baltimore, Give Street and Number. } 1802 N Collington Ave.

Duration of Residence in Baltimore. 58 yrs

C 1383

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Kahl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired Clothing Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Kahl

(Address) 1802 N Collington Ave

Filed 5/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to May 26th 1907 that I last saw h alive on May 26th 1907, and that death occurred, on the date stated above, at 1.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

Endocarditis - (DURATION) ? DAYS

Contributory (Primary.) Chronic Bronchitis.

7-8 yrs (DURATION) DAYS

(Signed) D. C. Stewart M.D.

Address 1419 E Eager St.

Date May 27 1907

Place of Burial Louden Park Cem

Date May 28 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Place of Death.) No. 905 Montpelier ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes G Covington

{ Residence, if in Baltimore, Give Street and Number. } 905 Montpelier ave.

Duration of Residence in Baltimore. 5 weeks.

C 1384

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH April 17th 1907

AGE 5 weeks years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Carl A Covington

BIRTHPLACE OF FATHER (State or country) Brookfield Md.

MAIDEN NAME OF MOTHER Effie Covington

BIRTHPLACE OF MOTHER (State or country) Easton Md.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Carl A Covington

(Address) 905 Covington ave

Filed 5/27/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 25 1907

that I last saw h.. alive on May 24 1907,

and that death occurred, on the date stated above, at 3.0 a.m.

M. CAUSE OF DEATH (Secondary or Immediate)

ac. Asyxia

Broncho pneumonia

(DURATION) DAYS

Contributory (Primary.) Asthenia

Broncho pneumonia (DURATION) 7 DAYS

(Signed) W. D. Braun M.D.

Address 663 Gorsuch ave.

Date May 25th 1907

Place of Burial St. Michaels Md

Date May 27 1907

Undertaker Lovelock

Address 1502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1385

City of Baltimore, (No. 1032, Edmondson Av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Gertrude Koehlert

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: Nov (Month) 17 (Day) 1832 (Year)

AGE: 74 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Melsungen. Hessen Nassau Germany

FULL NAME OF FATHER: Wilhelm Krothe

BIRTHPLACE OF FATHER (State or country): Melsungen. Germany

MAIDEN NAME OF MOTHER: Elisabeth Hilgenberg

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Koehlert

(Address) 1032 Edmondson Av.

Filed 5/27/07 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1906 to May 26 1907

that I last saw h ee alive on May 25 1907,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Abdominal tumor, starting from the body of the uterus.

(DURATION) 240 DAYS

Contributory Septicaemia.

(DURATION) 7 DAYS

(Signed) H. E. Reinhard M. D.

May 26 1907 (Address) 1400 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: May 28 1907

UNDERTAKER: Chas. E. Franck ADDRESS: 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

ts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person, and the *cause and date of death.*

(Place of Death.) No. 1115 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Heinmiller

{Residence, if in Baltimore, Give Street and Number.} 1115 Argyle ave

Duration of Residence in Baltimore. Life

C1386

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person d, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 26, 1844

AGE 62 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Heinmiller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine E. Zulauf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Heinmiller

(Address) 1115 Argyle ave

Filed 5/27/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26th 1907

I HEREBY CERTIFY, That I attended deceased from May 20th 1907 to May 26th 1907

that I last saw h[illegible] alive on May 26th 1907,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ovarian Cyst,

Two years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Louis W. Knight M.D.

Address 414 N. Greene st

Date May 26th, 1907

Place of Burial Lorraine Cemetery

Date May 28 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Martha Marie Smith

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Infant Asylum

Duration of Residence in Baltimore. One month

C1387

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH July 9, 1901

AGE 5 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto Co. Md

FULL NAME OF FATHER Solomon F. Smith

BIRTHPLACE OF FATHER (State or country) Fredrick Co.

MAIDEN NAME OF MOTHER dead

BIRTHPLACE OF MOTHER (State or country) Granite Balto Co.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon F. Smith

(Address) Granite Balto Co

Filed 5/27 190.

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25, 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 25 1907

that I last saw h[illegible] alive on May 25 1907

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate

Convulsions

[Autopsy – tabes mesenterica, small abscess left lung – tumbricoid (DURATION) – DA

Contributory (Primary.) (2) (DURATION) DA

(Signed) E H. Hayward, M.D.

Address 1230 N Caroline

Date 5/26, 1907

Place of Burial Granite Md E Hayward Balto Co Md

Date May 27 190

Undertaker Geo H Easton Son

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 1110 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Stevens

{ Residence, if in Baltimore, Give Street and Number. } 1110 Hollins st

Duration of Residence in Baltimore. 9 years. C1388

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 2 1875

AGE 32 years, 2 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Rock Hall Kent Co Md

FULL NAME OF FATHER Horad Kendall

BIRTHPLACE OF FATHER (State or country) Kent Co Md

MAIDEN NAME OF MOTHER Sarah R Schoon

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry B. Stevens

(Address) 1110 Hollins St

Filed 5/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 26 1907

that I last saw h alive on May 24 1907

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

very much (DURATION) DAYS

Con'ributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John C. Bound M.D.

Address 1302 W. Lombard st

Date May 27 1907

Place of Burial Rock Hall Kent Co Md

Date May 28 1907

Undertaker Jos B Cook

Address 903 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Coogan

{Residence, if in Baltimore, Give Street and Number.} 1217 Wilcox St.

C1389

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John L. Coogan

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Rose M. C. Kelley

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1217 Wilcox St.

Filed 5/27/ 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27, 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 27, 1907 that I last saw h.. alive on May 27 1907, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chorea

4 weeks (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) C. O. Langley, M.D.

Address Md. Gen. Hospital

Date May 27 1907

Place of Burial St. Vincents Cemetery

Date May 28 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person, and the **cause and date of death.**

(Place of Death.) No. 1115 N. Callington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Spieker

{ Residence, if in Baltimore, Give Street and Number. } 624 N Fremont St

Duration of Residence in Baltimore. Life C1390

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	White
DATE OF BIRTH	August 25 1879
AGE	28 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Charles H Spieker
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Julia C Thiemeyer
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Spieker

(Address) 624 N. Fremont Ave

Filed 5/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1110 a.m. CAUSE OF DEATH (Secondary or Immediate

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred H Carnuth M.D.

Address Coroners Office

Date May 25 - 07 190

Place of Burial London Park Cemetery.

Date May 27 1907

Undertaker Mrs Andrew Rohde Son

Address 730 E Fairmount Ave

M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be
of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his
o furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate
orth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person
, and the ***cause and date of death.***

(Place of Death.) No. 407 S Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rickie Meerdter

{ Residence, if in Baltimore, Give Street and Number. } 407 S Gilmor

C 1391

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 22d 1845

AGE 62 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Mantz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Meerdter

(Address) 407 S. Gilmore St

Filed 5/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to May 25 1907 that I last saw h-r alive on May 25 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Osteo Sarcoma Sternum Mediastinum

6 Months (DURATION) DAYS

(Signed) James L Bosley M.D.

Address 1701 Hollins St

Date 190

Place of Burial Loudon Park Cem

Date May 28th 1907

Undertaker Geo Leuinbach & Son

Address 647 N Pa

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Moncure

{ Residence, if in Baltimore, Give Street and Number. } 1815 Lemmon St.

Duration of Residence in Baltimore. Life

C 1392

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Feb 22 1907
AGE	3 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Dennis Moncure
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Johnson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Dennis Moncure

(Address) 1815 Lemmon St.

Filed 5/27 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to May 24 1907

that I last saw h alive on May 24 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

4 (DURATION) DAYS

Con'tributory (Primary.) Asphyxia (DURATION) 1 DAYS

(Signed) F E Daugherty M.D.

Address 1506 Penna Ave

Date Backs May 24 1907

Place of Burial Mt Olivet

Date May 26 1907

Undertaker James H Dennis

Address 1332 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person sed, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 2608 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carl Leonhart Miller

{ Residence, if in Baltimore, Give Street and Number. } 2608 Orleans St

Duration of Residence in Baltimore. Life-time. C1393

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 5/25/07

AGE — years, — months, 2 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Johan Henry Miller

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Emma Feuche

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. H. Miller

(Address) 2608 Orleans St.

Filed 5/27/ 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 25 1907 that I last saw him alive on May 25 1907, and that death occurred, on the date stated above, at 9¼ P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) 2 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address 1709 Alice Anna St.

Date May 26th, 1907

Place of Burial Immanuel's Cemetery

Date May 27 1907

Undertaker Louis Hermann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

(Place of Death.) No. 1108 Fawson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Itzrak Bernstein

{Residence, if in Baltimore, Give Street and Number.} 1108 Fawson St

Duration of Residence in Baltimore. 14 days

C 1394

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: White
DATE OF BIRTH: March 12th 1902	
AGE: 5 years, 2 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Russia	
FULL NAME OF FATHER: Philip Bernstein	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Solpessa F.	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Levinson

(Address) 1108 Fawson st

Filed 5/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26th 1907

I HEREBY CERTIFY, That I attended deceased from May 11th 1907 to May 25th 1907

that I last saw h.. alive on May 25th 1907,

and that death occurred, on the date stated above, at 4

7 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary) Diphtheria

(DURATION) 14 DAYS

(Signed) Dr. I. Kahn M.D.

Address 1510 E. Fort Ave.

Date May 26th 1907

Place of Burial Philip Rd Rosedale

Date May 27 1907

Undertaker May Levinson

Address 1620 McElderry

1 30 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it sh... duty of the Physician who attended dur... his or her last sickness, or the Coroner, when the case comes und... to furnish within ***eighteen hours afte...*** to the Undertaker, or other person superintending the burial, a certi... g forth, as far as the same can be ascert... sed, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2308 Boston St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Bridget-Ann O'Connell

{ Residence, if in Baltimore, Give Street and Number. } 2308 Boston St.

Duration of Residence in Baltimore. 21 Years C1395

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 22 1851

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. C. Rodgers

(Address) 2308 Hudson St

Filed 5/27/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 = 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Lesion

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Thos Sadler Coroner M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial Sacred Heart Cemetery

Date May 28 1907

Undertaker H. Sander & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

(Place of Death.) No. 813 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. C. Pennington

{ Residence, if in Baltimore, Give Street and Number. } 813 N. Wolfe st

Duration of Residence in Baltimore. 20 years

C 1396

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Jan. 17 1836
AGE	71 years, 4 months, 8 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Wm. C. Pennington
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary Ann McCart
BIRTHPLACE OF MOTHER (State or country)	Kent County
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Pennington

(Address) 813 N Wolf St

Filed 5/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to May 25 1907 that I last saw h[illegible] alive on May 25 1907, at 7 P. M. and that death occurred, on the date stated above, at 7

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Chronic Prostatitis (DURATION) DAYS

(Signed) W W White M.D.

Address 1101 N Biway

Date May 26 1907

Place of Burial Chambersburg Pa

Date May 28th 1907

Undertaker Wm J Schaeffer

Address S. E. Front St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1397

City of Baltimore, (No. 1443 Light S.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Loretta Johanna Gittings

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: 27 June (Month) 6 (Day) 1906 (Year)

AGE: ..... years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Relay Md.

FULL NAME OF FATHER: Lambert Rumsey Gittings

BIRTHPLACE OF FATHER (State or country): Relay Md

MAIDEN NAME OF MOTHER: Annie Helena Mullen

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Gittings

(Address) 1443 Light St

Filed 5/27/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 19 1907 to May 27 1907 that I last saw her alive on May 25 1907, and that death occurred, on the date stated above, at 3.45 a.m. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia
Primary T. Tuberculosis
Gitis resulting

(DURATION) 8 DAYS

Contributory Measles + Symptoms
Pneumonitis (DURATION) 3 DAYS

(Signed) Wm. F. McManus M. D.

May 27 1907 (Address) 2035 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: May 28 1907

UNDERTAKER: Jos. Stemtelder

ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Wallis

{ Residence, if in Baltimore, Give Street and Number. } # 615 S. Dallas St

Duration of Residence in Baltimore. Life-time

C1398

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Adam Wallis

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Rosa Ann Lazarka.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Rosa Wallis

(Address) 615 S. Dallas St

Filed 5/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26th, 1907

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to May 26 1907

that I last saw him alive on May 26 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Measles

(DURATION) 5 DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anne St

Date May 27 1907

Place of Burial St Stanislaus

Date Monday May 27 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1399

City of Baltimore, (No. 3701, Chestnut Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norman Eugene Cameron

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 21 1907 (Month) (Day) (Year)

AGE: 0 years, 0 months, 5 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Morris Cameron

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Engr

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Cameron

(Address) 3701 Chestnut Ave.

Filed 5/27/07 190 HARRY G. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to May 26 1907 that I last saw h[illegible] alive on May 26 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Marasmus 6 mos

Pneumonia

(DURATION) 5 DAYS

Contributory Disturbance of colon

& Tympanitis (DURATION) 2 DAYS

(Signed) R. B. Norment M. D.

May 27 1907 (Address) 3147 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Parkton Md — DATE OF BURIAL: May 27 1907

UNDERTAKER: A. J. Marshall — ADDRESS: 3534 Fulton

✓

Rules and Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Roberts

{ Residence, if in Baltimore, Give Street and Number. } 1195 Chapel St.

Duration of Residence in Baltimore. 37 yrs C1400

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Caracia Roberts

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Roberts

(Address) 1119 S. Chapel St-

Filed 5/27 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26. 1907

I HEREBY CERTIFY, That I attended deceased from May 15- 1907 to May 26 1907

that I last saw h in alive on May 26 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hernia -

(DURATION) DAYS

Contributory (Primary.) Retro Peritoneal

fibroid - (DURATION) DAYS

(Signed) H. M. Hershner M.D.

Address St. Josephs Hospital

Date May 26. 1907

Place of Burial Mt Olivet

Date May 28th 1907

Undertaker Jno J. Jackson

Address 1521 Bullitin St

WM. J. C. DULANY CO., BALTIMORE.

ascertained, the full name, sex, age, condition (whether married or single) of the perso

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 S Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margret Donohue

{ Residence, if in Baltimore, Give Street and Number. } 825 S Port

C 1401

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR W
DATE OF BIRTH	September 12th 1851
AGE	57 years, 8 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Patrick Mc Andrews
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Swift
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Donohue

(Address) 825 S. Port St

Filed 5/27/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 24 1907 that I last saw her alive on May 24 1907, and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2429 Fait Ave

Date May 25 1907

Place of Burial Holy Cross Cem

Date May 28 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Balto. Sts. and 1703-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. Int. Royal Station B. & O. R. R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

C 1402

Full Name Michael Angelo Parisi

{Residence, if in Baltimore, Give Street and Number.} Killed on arrival from Italy

Duration of Residence in Baltimore. was leaving train on arrival as an Emigrant

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 19 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Emigrant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Italian Consul

(Address)

Filed 5/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Shock, body greatly mutilated

Killed instantly (DURATION) ..... DAYS

Con'ributory (Primary) accidental

Rail Road injuries (DURATION) ..... DAYS

(Signed) Silva Balocchini M.D.

Address 710 Lex. Av. (Corner)

Date May 27th 1907

Place of Burial St Vincent Cem.

Date May 28th 1907

Undertaker Kendell Diffendorfer

Address 330 S. Bond.

WM. J. C. DULANY CO., BALTIMORE.

(Place of Death.) No. 1002 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Pauline Linz

{Residence, if in Baltimore, Give Street and Number.} 1002 Light St.

C 1403

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	December 1 1906 1
AGE	1 years, 5 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	George A.Linz
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary M.Keiser
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	.....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A.Linz(Father)

(Address) #1002 Light St.

Filed 5/27/ 1907

HARRY G. ADDISON
CITY CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27/07 190

I HEREBY CERTIFY, That I attended deceased from May 7/07 190 to May 27/07 190

that I last saw h her alive on May 26/07 190,

and that death occurred, on the date stated above, at 2:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal Meningitis

(DURATION) 20 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) E.D.Ellis M.D.

Address 915 Light St.

Date May 27/07 190

Place of Burial Baltimore Cemetery.

Date May 28 1907 190

Undertaker Armstrong Denny Co.,
715 Light Street

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person, and the **cause and date of death.**

(Place of Death.) No. City Hospital Waeters St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sinah Walker

{ Residence, if in Baltimore, Give Street and Number. } 1312 Gloaton St

Duration of Residence in Baltimore. 3 yrs.

c 1404

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR Col.
DATE OF BIRTH 1	
AGE 80 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Wd.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hospital Records

(Address) .....

Filed 5/28/1907 A.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26- 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 26 1907 that I last saw her alive on May 26 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 2 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) ..... DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date May 27 1907

Place of Burial St. Peters Cem.

Date May 28 1907

Undertaker Wm. E. Blank

Address 22 N. Luzerne st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. The Chas. H. Sinai Hospital - Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Isaacson

{ Residence, if in Baltimore, Give Street and Number. } 409 N. Calhoun St. - C1405

Duration of Residence in Baltimore. 18 Years Isaacson

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	W.
DATE OF BIRTH	1
AGE	51 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Sigel Teitelbaum
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Rosa Israil
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Friedenberg

(Address) 409 N. Calhoun

Filed 5/28/1907 S.P.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 — 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 27 1907

that I last saw her alive on May 27 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery — —

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. D. Harris — M.D.

Address The Chas. H. Sinai Hospital

Date May 27 — 1907

Place of Burial Hebrew Cem. Washington Rd

Date May 28 1907

Undertaker Wm. Levinson

Address 620 N. Eldersley St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person , and the **cause and date of death.**

(Place of Death.) No. 1718 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara S. Jeanty

{Residence, if in Baltimore, Give Street and Number.} 1718 Ashland Ave

C 1406

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 12th 1907
AGE	— years, — months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balty City
FULL NAME OF FATHER	Geo W Jeanty
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah A Gowin
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Jeanty

(Address) 1718 Ashland Ave

Filed 5/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1907

I HEREBY CERTIFY, That I attended deceased from May 18th 1907 to May 1907

that I last saw h— alive on May 26th 1907,

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate)

Tricuspid Insufficiency

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. B. Taylor M.D.

Address 83 & 2 Broadway

Date May 27th 1907

Place of Burial Baltimore Cemetery

Date May 28 at 2 Oclock PM 1907

Undertaker J Wesley Jackson & Son

Address 1745 N Gay st

WM. J. C. DULANY CO., BALTIMORE.

(Place of Death.) No. 209 Johnson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. E. Winchester

{ Residence, if in Baltimore, Give Street and Number. } 209 Johnson St.

Duration of Residence in Baltimore. Life time C140 7

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 29 1907

AGE: — years, 1 month, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Ellis Winchester

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Florence a. Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John K. Brown

(Address) 209 Johnson St.

Filed 5/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to May 27 1907 that I last saw h~~im~~ alive on May 27 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Mal-nutrition

(DURATION) 30 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1647 Lanvale St.

Date May 27 1907

Place of Burial Loudon Hill

Date May 28 190

Undertaker J. E. Evans & Son

Address 428 S. Charles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

(Place of Death.) No. The Buxton, Cor. Park av. & Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Snook

{ Residence, if in Baltimore, Give Street and Number. }

C1408

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: White
DATE OF BIRTH: June 4 1879	
AGE: 27 years, 11 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Kalamazoo, Mich.
FULL NAME OF FATHER	Jerome M. Snook
BIRTHPLACE OF FATHER (State or country)	New York
MAIDEN NAME OF MOTHER	Julia F. Hitchcock
BIRTHPLACE OF MOTHER (State or country)	Mass.
OCCUPATION OF DECEASED	Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. R. Dunton, Jr

(Address) Towson, Md.

Filed 5/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal obstruction of illeo-terminating gan-

due to Peritonitis (DURATION) DAYS

Con'ributory (Primary.) Suicide

(DURATION) DAYS

(Signed) Allan Baxendale M.D.

Address 704 Lex. av. (Comm.)

Date May 27th 1907

Place of Burial Kalamazoo Mich

Date May 28th 1907

Undertaker Henry W. Jenkins Sons

Address N.W. Cor Howard & Madison Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. Guyons Falls, north of Edmondson av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } "

C 1409

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: Apparently forty-five Yrs. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Robert Abern 1412 Pendleton St

(Address) C. F. Haken 2127 Boundary Ave

Filed 5/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

137

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Drowning

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Suicide

..... (DURATION) ..... DAYS

(Signed) Asia Baltimore M.D.

Address Tw Dep. ar. Corner

Date May 24th 1907

Body at morgue since May 14th

Place of Burial HOPKINS HOSPITAL

Date MAY 27 1907 190 ....

Commissioner Health.

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, or other person superintending the burial, a certificate to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate of the facts, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

(Place of Death.) No. 7 Maryland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emile Bloomberg

{ Residence, if in Baltimore, Give Street and Number. } Shackelford Ky.

Duration of Residence in Baltimore. 7 yrs.

C1410

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR white
DATE OF BIRTH	1
AGE	39 years, months, days
SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Sweden
FULL NAME OF FATHER	Peter Bloomberg
BIRTHPLACE OF FATHER (State or country)	Sweden
MAIDEN NAME OF MOTHER	Emma Blomberg
BIRTHPLACE OF MOTHER (State or country)	Sweden
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Tyler

(Address) Md Penitentiary

Filed 5/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1905 to May 26 1907

that I last saw h in alive on May 26 1907,

and that death occurred, on the date stated above, at 2 55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paresis.

2 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Kerr Jr M.D.

Address 1808 N. Charles St

Date May 27 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 27 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

14 3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, or other person superintending the burial, a certificate to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate of the facts, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

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137

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. 614 N Dallas St

Hospital or Institution, give its Name instead of Street and Number.

Full Name Patrick Dunnett.

{ Residence, if in Baltimore, Give Street and Number. } 614 N Dallas St

Duration of Residence in Baltimore. 35 yrs C 1411

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR B

DATE OF BIRTH

1

AGE 45 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Francis Dunkett

BIRTHPLACE OF FATHER (State or country) Prince Georges Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Dunkett

(Address) 612 S. Dallas

Filed 5/28 1907

HARRY G. ANDREWS, FINAL CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate

Pulmonis Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Fred R Cummins M.D.

Address Coroners Office

Date May 28, 07 190 .....

Place of Burial Greenmount Cemetery

Date May 28 1907

Undertaker E R McKellar

Address 916 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

(Place of Death.) No. Franklin and Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Ward

{ Residence, if in Baltimore, Give Street and Number. } Home for the Aged. Franklin and Fulton Ave — C 1412

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: do not Know 1	
AGE: ~~F 76~~ 76 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: do not Know	
BIRTHPLACE OF FATHER (State or country): Scotland	
MAIDEN NAME OF MOTHER: do not Know	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: none.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Meginniss Supt

(Address) Franklin and Fulton Ave

Filed 5/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 26 1907 that I last saw her alive on May 25 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) 4 DAYS

Contributory (Primary. Aortic Stenosis. Not known. (DURATION) ..... DAYS

(Signed) Edwin Murray M.D.

Address 1221 W. Lafayette Ave.

Date May 27 1907

Place of Burial Green Mt Cem.

Date May 28 1907

Undertaker Geo J Smith Co

Address 1600 W. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. Md. General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Marian K Gaff.

{Residence, if in Baltimore, Give Street and Number.} 130 ~~W~~ N. Carey St

Duration of Residence in Baltimore.....

C 1413

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH .....

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm Sellers.

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Johanna Hilliard

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gaff

(Address) 927 Eighth St Highlandtown

Filed 5/28/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to May 27 1907

that I last saw h~~e~~r alive on May 27 1907

and that death occurred, on the date stated above, at 11 55 a. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Bowels.

Contributory (Primary) Asthenia. (DURATION) (2) DAYS

(DURATION) (2) DAYS

(Signed) J. M. Sanderson M.D.

Address Md. General Hospital

Date May 27. 1907.

Place of Burial Oak Lawn Cemetery

Date May 29 1907

Undertaker William Coult

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ..., and the **cause and date of death.**

(Place of Death.) No. 607 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Neimiller

{ Residence, if in Baltimore, Give Street and Number. } 607 S. Chapel st

C 1414

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov. 11 1851

AGE 55 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Scheiner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ferdinanda Landman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Neimiller

(Address) 607 S Chapel St

Filed 5/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to May 25th 1907

that I last saw her alive on May 24 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion. (DURATION) 4 DAYS

Contributory (Primary) Carcinoma Lung (DURATION) 30 DAYS

(Signed) C. V. Ethen M.D.

Address 2 E Hoffman St

Date May 25th 1907

Place of Burial Mt. Carmel Cem

Date May 28 1907

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto St. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 E Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence O. Rathell Jr.

{Residence, if in Baltimore, Give Street and Number.} 209 E Hamburg st

C 1415

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 10th 1907
AGE	years, 1 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Clarence O. Rathell
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Eva Miles
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence O. Rathell

(Address) 209 E. Hamburg st

Filed 5/28 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 27 1907

that I last saw h[illegible] alive on May 25 1907

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

one month

(DURATION) DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) Howard Bond M.D.

Address 914 N Charles st

Date May 27 1907

Place of Burial Cedar Hill

Date May 28th 1907

Undertaker B Schlosman & Son

Address 1029 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edgar M. Dunbar

{Residence, if in Baltimore, Give Street and Number.} Ansted W. Va

Duration of Residence in Baltimore.

C 1416

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): W Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. A. Norris

(Address) John Hopkins Hospital

Filed 5/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to May 28 1907

that I last saw h alive on May 28 1907

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pericarditis

(DURATION) DAYS

Con'ributory (Primary) Intrathoracic Sarcoma

(DURATION) DAYS

(Signed) S S Krouse M.D.

Address Johns Hopkins Hosp

Date 5-28 1907

Place of Burial Ansted W Va

Date MAY 28 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

(Place of Death.) No. 2116 E Baltimore St. (Hospital or Institution give its Name Instead of Street and Number)

Full Name John A. Schwartz

{Residence, if in Baltimore, Give Street and Number.} 2116 E Baltimore St

C 1417

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 1st 1842

AGE: 64 years, 11 months, 10 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: Andrew Schwartz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Beck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Fredrick Schwartz

(Address) 2116 E. Baltimore St

Filed 5/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 27 1907 190

I HEREBY CERTIFY, That I attended deceased from May 19 1907 to May 27 1907

that I last saw h— alive on May 26 1907

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia - Dy Tra

8 Dys (DURATION) D[illegible]

Contributory (Primary.) Cardiac paralysis

(DURATION) DAY[illegible]

(Signed) [illegible] M.D

Address 1713 Bank St

Date MAY 2[illegible] 1907 190

Place of Burial Baltimore. Cem.

Date MAY 30 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 N. Milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria D. Fuller

{ Residence, if in Baltimore, Give Street and Number. } 422 N. Milton ave

C1418

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 6 1843

AGE 64 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED ~~, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William H. Cook

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mitti Dunbar

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. E. Fuller

(Address) 221 N. Broadway.

Filed 5/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 27 1907 190

I HEREBY CERTIFY, That I attended deceased from January 190 7 to May 27th 190 7

that I last saw h.. alive on May 27 190 7,

and that death occurred, on the date stated above, at 1045 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary) Valvular

Heart Disease (DURATION) Duration Days

(Signed) Raymond Tull M.D.

Address 1833 E. Baltimore St

Date MAY 28 1907 190

Place of Burial Oak Lawn. Cem.

Date MAY 31 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

(Place of Death.) No. 813 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Lang.

{ Residence, if in Baltimore, Give Street and Number. } 813 N. Madeira St.

Duration of Residence in Baltimore. 18 months. C1419

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Adam Lang

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Lang

(Address 813 N. Madeira

Filed 5/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 7, 11 A.M. 1907 to May 27, 1907 5.25 P.M.

that I last saw him alive on May 27, 1907, and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria —

Pharyngeal and laryngeal (DURATION) 5 DAYS

Contributory (Primary.) Pneumonia,

(DURATION) 1 DAYS

(Signed) Emil Norris M.D.

Address 839 W. Pattersn Pk.

Date May 28, 1907

Place of Burial Bethel Cemetery

Date May - 28 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PRO

CERTIFICATE OF DEATH.

Registered No. B C 1420

City of Baltimore, (No. 1364 N. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph R. Wernig

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 1st 1837 (Month) (Day) (Year)
AGE	70 years, 6 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	John Wernig
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Gertrude Miller
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Adv. Agent. (Retired)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Pauline Wernig

(Address) 1364 N. Stricker St.

Filed 5/28 1907 HARRY C. ANT PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1906 to May 27th 1907 that I last saw him alive on May 27th 1907, and that death occurred, on the date stated above, at One P. M. The CAUSE OF DEATH was as follows:

Carcinoma of base of Tongue involving Larynx.

(DURATION) 225 DAYS

Contributory General debility & prostration (DURATION) 8 DAYS

(Signed) J. Dawson Reeder M. D.

May 27th 1907 (Address) 639 N. Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	May 1907
UNDERTAKER	ADDRESS
M. Fahey & Sons	106 Lafayette Av

✓

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*. ...from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF

(Place of Death.) No. Union Ave & Pilkens Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John H. Shourds

{ Residence, if in Baltimore, Give Street and Number. } Union Av & Pilkens Av

Duration of Residence in Baltimore. Life

C1421.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: Feb 20 1907	
AGE: ..... years, 3 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: John H Shourds	
BIRTHPLACE OF FATHER (State or country): Pa	
MAIDEN NAME OF MOTHER: Clara Wood	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Shourds

(Address) Union Ave

Filed 5/28/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 27 1907

that I last saw him alive on May 27 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) Syphilis Bronchitis

(DURATION) 3 DAYS

(Signed) John T Hurd M.D.

Address 649 W Lafayette Ave

Date May 28 1907

Place of Burial Western Cem

Date May 28th 1907

Undertaker H Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE

(Place of Death.) No. 302 S. Duncan Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank L. Walters

{ Residence, if in Baltimore, Give Street and Number. } 302 S. Duncan alley

Duration of Residence in Baltimore. Life

C1422

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 6th 1879

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Joseph Walters

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Imhoff

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Walters

(Address) 302 S. Duncan alley

Filed 5/28/07 190..

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 — 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 27 1907 that I last saw h alive on May 26 1907, and that death occurred, on the date stated above, at 11.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary tuberculosis

About one year (DURATION) ..... DAYS

(Signed) Geo. L. Mettee M.D.

Address 6 N. Broadway

Date May 28 1907

Place of Burial Holy Redeemer

Date May 30th 1907

Undertaker Geo. A. Moran

Address Bank & Aisquith Sts.

WM. J. C. DULANY CO., BALTIMORE.

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VI

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOU

Touck

CERTIFICATE OF DEATH.

Registered No. B C 1423

City of Baltimore, (No. 2034 Eldgworth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sylvia Louise Louck

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE 1 years, 7 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Louck

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Frances Lotterwich

(Address) 2037 Ellsworth

Filed 5/28 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to May 27 1907

that I last saw h.. alive on May 27 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Infantile convulsions

(DURATION) 21 Hours DAYS

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) William Francis M. D.

May 27 1907 (Address) 1407 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel	May 29 1907
UNDERTAKER	**ADDRESS**
Windell Lippel & Son	330 S. Bond St.

CERTIFICATE OF DEATH.

Registered No. B C 1424

City of Baltimore, (No. 48 Plymouth ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John T Foley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W
DATE OF BIRTH	July (Month) 5 (Day) 1852 (Year)
AGE	54 years, 10 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore County Md
FULL NAME OF FATHER	Patrick Foley
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Margaret Delany
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Supt - Cotton Mills

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Foley

(Address) 48 Plymouth ave

Filed 5/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 25th 1907 to May 26th 1907 that I last saw him alive on May 26th 1907, and that death occurred, on the date stated above, at 2 10 a.m. The CAUSE OF DEATH was as follows:

Asthenia
Arterial Hypertension

(DURATION) 6 hours

Contributory

(DURATION) DAYS

(Signed) Geo H. Carnes M. D.

May 27th 1907 (Address) 21 W 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Mary Cemetery Govanstown	May 29 1907
UNDERTAKER	ADDRESS
Henry W. Means & Son	808 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. Mount Hospital [illegible] St. (If occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Florence V. Leech

{Residence, if in Baltimore, Give Street and Number.} [illegible] Fulton St

C 1425

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Aug. 24, 1875	
AGE: 31 years, 9 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): D C	
FULL NAME OF FATHER: Edgar D. Boorom	
BIRTHPLACE OF FATHER (State or country): N B	
MAIDEN NAME OF MOTHER: Rebecca Rabbitt	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Leech

(Address) Washington DC

Filed 5/29/1907 JOHN C. ANDREWS, FIRST CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to May 29 1907 that I last saw h[illegible] alive on May 29 1907, and that death occurred, on the date stated above, at 4.30 Am.

11. CAUSE OF DEATH (Secondary or Immediate.)

Cholangitis with Chronic Pancreatitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Riggs M.D.

Address Union Protestant Infirmary

Date May 29 - 07 1907

Place of Burial Washington DC

Date May 29 1907

Undertaker [illegible]

Address Connecticut Ave & L St

WM. J. C. DULANY CO., Baltimore.

OFFICE OF [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT [illegible] C 1426

CERTIFICATE OF DEATH.

Good Samaritan Hospital

Registered No. BC 1426

City of Baltimore, (No. 125 S. High St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Bessie Jacobson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 49 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Baisik, Kurland, Russia

FULL NAME OF FATHER: Barak-Lipa Levinson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Thesa Berkovitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Jacobson

(Address) 120 S High st

Filed 5/29/1907 HARRY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 28 1907

May (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to May 28 1907, that I last saw her alive on May 28 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Operation for Fibroid of uterus, Hysterectomy, May 22. 1907. followed by Shock & Heart failure (DURATION) 8 DAYS

Contributory Kidney disease (DURATION) 8 DAYS

(Signed) B B Browne M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 125 S High St. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Washington Rd	May 29 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ...rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...d, and the **cause and date of death.**

(Place of Death.) No. 825 N. Madeira St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frank Cajer

{ Residence, if in Baltimore, Give Street and Number. } 825 N. Madeira st

C1427

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cobbler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cajer

(Address) 825 N. Madeira st

Filed 5/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 28 1907

that I last saw him alive on May 24 1907

and that death occurred, on the date stated above, at 6.10 A.M. CAUSE OF DEATH (Secondary, or Immediate.)

Exhaustion

(DURATION) 6 DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 months DAYS

(Signed) A. G. Rytina M.D.

Address 2204 E. Monument St

Date May 29th 1907

Place of Burial Holy Redeemer

Date May 30 1907

Undertaker Frank Grach

Address 1904 Eastland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his e, to furnish within **eighteen hours after death**, ng his or her last sickness, or the Coroner, when the case comes under his ng forth, as far as the same can be ascertained, t ased, and the **cause and date of death.**

(Place of Death.) No. 124 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vernieee Green

{Residence, if in Baltimore, Give Street and Number.} 724 Hanover C1428

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1906

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Moses Green

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emma Savage

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Green (Mother)

(Address) 124 Hanover St.

Filed 5/29/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 28 1907

that I last saw h er alive on May 27 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary, or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 4 DAYS

(Signed) H. F. Green M.D.

Address 1125 Stark St

Date May 28th 1907

Place of Burial Mt. Auburn Cem.

Date May 29 1907

Undertaker John H. Toadvine

Address 1420 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. Pier #8 Locust Point (If Institution, Give its Name Instead of Street and Number.)

Full Name George B. Montgomery C.

{ Residence, if in Baltimore, Give Street and Number. } 506 W. Lee St.

Duration of Residence in Baltimore. Unknown C1429

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH April 29 1884

AGE 22 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John W. Montgomery b

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary J Bishop b.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED White washer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Montgomery (Father)

(Address) 506 W Lee St

Filed 5/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27. 1907.

Body found May 28. 1907 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.0/

M. CAUSE OF DEATH (Secondary or Immediate)

Drowning.

due to the collapsing of Pier # 8 Locusts Point

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto McReinhardt M.D.

Address Coroner

Date May 29 190 7

Place of Burial Cambridge. Md.

Date May 30 190 7

Undertaker Jno. H. Toadvine

Address 142 Wilkens St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

Registered No. B C 1430

City of Baltimore, (No. W 820, Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martin Keane

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: May (Month) 28 (Day) 1907 (Year)	
AGE: 4 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: Martin Keane	
BIRTHPLACE OF FATHER (State or country): Balt md	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Balt.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Keane

(Address) 826 Saratoga St

Filed 5/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to May 28 1907 that I last saw him alive on May 26 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Child developed measles and on may 27 Developed Diphtheria

Measles (DURATION) 3 DAYS

Contributory Diphtheria

~~Nil~~ (DURATION) 1 DAYS

(Signed) John A Evans M. D.

May 29 1907 (Address) 1011 E. Eager St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 30 1907
UNDERTAKER	ADDRESS
H S Kirby	2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

9 A M

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Rules from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

(Place of Death.) No. 44[illegible] E. [illegible]

(If Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ellen S. Rice

{Residence, if in Baltimore, Give Street and Number.} 440 E. 23rd St

Duration of Residence in Baltimore. 4 years.

C 1431

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ? 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Moses Bailey

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Cordelia Brown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Rice

(Address) 440 E. 23rd St.

Filed 5/29/1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 5:1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mucous Convulsions

... (DURATION) ... DAYS

Contributory (Primary.) Hypertrophy (Acute)

... (DURATION) ... DAYS

(Signed) Edwin Lutkemeyer M.D. Coroner

Address 1818 N. Chas. St

Date May 29 1907

Place of Burial Blackstone, Va.

Date 5/29 1907

Undertaker Edw. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***our hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same scertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Julia Attinson

{ Residence, if in Baltimore, Give Street and Number. } 109 S. Broadway

C1432

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 1 her 65 years ..... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Joseph Vernon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Julia Vernon

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Attinson Per H.C.

(Address) 109 S. Broadway

Filed 5/29/ 1907 HARRY C. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 9 1907 to May 28 1907 that I last saw h alive on May 28 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

(DURATION) DAYS

Contributory (Primary.) Pneumonia, cystoyena of Gall bladder (DURATION) DAYS

(Signed) W. C. Irwin M.D.

Address St. Joseph Hospital

Date 5/28 1907

Place of Burial Greenmount Cemetery

Date May 31st 1907

Undertaker H. C. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 239 S Collington ... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Kratz

{Residence, if in Baltimore, Give Street and Number.} 239 S Collington Av

C 1433

Duration of Residence in Baltimore. 64 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: ... 1 ...

AGE: in his 65 Yrs years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Kratz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary E Stein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Doris Stull Kratz wife

(Address) 239 S Collington Av.

Filed 5/29 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 28th 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to May 28 1907

that I last saw him alive on May 27 1907, and that death occurred, on the date stated above, at 3.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 6 DAYS

Contributory (Primary.) Bright Disease

Haematuria (DURATION) 2 mos DAYS

(Signed) Geo L Dukes M.D.

Address 6 N Broadway

Date May 28 1907

Place of Burial Baltimore CEMETERY.

Date May 31 1907

Undertaker Balt HUGHES. H C Hughes

Address 17 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED W...

CERTIFICATE OF DEATH.

Registered No. B C 1434

City of Baltimore, (No. 142 N. Exeter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Raphel Sacks

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Sam Sacks

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fratie Goldberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Sacks.

(Address) 142 N Exeter st

Filed 5/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 5/26 1907 to 5/28 1907

that I last saw h... alive on 5/28 1907,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Bronch - Pneum

2 (DURATION) ..... DAYS

Contributory Cardiac Stasis

(DURATION) ..... DAYS

(Signed) S. C. Kugoff M. D.

5/29 1907 (Address) 176 W. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Philip Rd Rogs Dale

DATE OF BURIAL: May 29 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

...ts from Regulations of the Board of Health to secure a full and correct record of Vi...

...CTION 2. *And be it further enacted and ordained*, That whenever any person shall d... ...ysician who attended during his or her last sickness, or the Coroner, when the case c... ...*-four hours after death*, to the Undertaker, or other person superintending the burial, a c... ...ascertained, the full name, sex, age, condition (whether married or single) of the person d...

...of Vital Statistics in the City of Baltimore.

...shall die in the said city it shall be the duty of ...case comes under his notice, to furnish within ...al, a certificate setting forth, as far as the same ...rson deceased, and the cause and date of death.

Ward 10 C 1435 Registered No. B C 1435

93

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor Cooke

{ Residence, if in Baltimore, Give Street and Number. } 230 Morris St

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sngl

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 27 1907 that I last saw her alive on May 27 1907 12 30 and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date May 27 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date MAY 29 1907 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOS

WM. J. G. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

ts from Regulations of the Board of Health to secu

CTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If dea US give "Sp

SEX

AGE

SINGLE WIDOW

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Filed 5/

Ward 5 C 1436 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alexander Smith

{ Residence, if in Baltimore, Give Street and Number. } 246 No Exeter St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1—

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Alex Smith

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Foundry hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Smith

(Address) 246 S Exeter St

Filed 5/29 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 190 7

I HEREBY CERTIFY, That I attended deceased from May 7 190 7 to May 28 190 7

that I last saw him alive on May 28 190 7

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Thrombosis

(DURATION) DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hosp

Date 5/28 190 7

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 29 1907 190

Commissioner Health.

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1145

Ward ..... C 1437 Registered No. B ..... C 1437 15

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Omer + Johanna Pancoast

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Born~~ May 19: 1907

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Omer Pancoast.

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/29 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd. 1907

I HEREBY CERTIFY, That I attended deceased from May 19: 1907 to May 22: 1907 that I last saw her alive on May 22: 1907, and that death occurred, on the date stated above, at 11.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.
7: Mo. foetus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date May 22: 1907

Place of Burial JOHNS HOPKINS HOSPITAL MAY 23 1907

Date ..... 190 ....

Undertaker ..... Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOS

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

Ward 3 Registered No. B

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 832 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Borkowska

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Three Weeks

C 1438

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 19 1907

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Charlestown W. Va.

FULL NAME OF FATHER: Jan Borkowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Eva Trudkiewska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Borkowski

(Address) 832 S. Bond St

Filed 5/29/07

JOHN C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to May 28 1907 that I last saw her alive on May 28 1907, and that death occurred, on the date stated above, at 1/2 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception (DURATION) 5 DAYS

Contributory (Primary.) Exhaustion (DURATION) 4 DAYS

(Signed) S/ Szmurlo M.D.

Address 722 S. Ann St

Date May 29 1907

Place of Burial St Stanislaus

Date Thursday May 30 " 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C 1439

C 1439

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gross

{Residence, if in Baltimore, Give Street and Number.} 1100 Stockton St

Duration of Residence in Baltimore. 5 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH May 21 1907

AGE ... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt city

FULL NAME OF FATHER Thomas Gross

BIRTHPLACE OF FATHER (State or country) Annarundel Co Md

MAIDEN NAME OF MOTHER Matilda Havens

BIRTHPLACE OF MOTHER (State or country) annarundel Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Gross

(Address) 1100 N Stockton st

Filed 5/29 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to May 29 1907 that I last saw h[illegible] alive on May 28 1907, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Cap'illary Bronchitis

(DURATION) 2 DAYS

(Signed) John Stuck M.D.

Address 647 N Eutaw Ave

Date May 29 1907

Place of Burial Mount Auburn

Date May 30 1907

Undertaker J H Owens & Son

Address 1222 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1440 Registered No. B C 1440

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1519 W. Pratt St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Barbara E. Carrington

{Residence, if in Baltimore, Give Street and Number.} 1519 W. Pratt St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 1st 1835

AGE: 72 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard County Md

FULL NAME OF FATHER: James Grimes

BIRTHPLACE OF FATHER (State or country): Howard County Md

MAIDEN NAME OF MOTHER: Francis Grimes

BIRTHPLACE OF MOTHER (State or country): Howard County Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Buckingham

(Address) 1519 W. Pratt St

Filed 5/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28" 1907

I HEREBY CERTIFY, That I attended deceased from May 18" 1907 to May 28" 1907 that I last saw her alive on May 28" 1907 and that death occurred, on the date stated above, at 12.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Con'tributory (Primary.) Senility

(DURATION) 4 DAYS

(Signed) W B Kemp M.D.

Address 1108 E. Gilmor St

Date May 28" 1907

Place of Burial London Park Cem.

Date May 31st 1907

Undertaker Wm B Crothers

Address 428 Frederick Ave. Cata

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1441 Registered No. B C 1441

CERTIFICATE OF DEATH.

(Place of Death.) No. 1739 Patapsco St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Mayfield Callender

{ Residence, if in Baltimore, Give Street and Number. } 1739 Patapsco

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1854

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll County

FULL NAME OF FATHER: Basil Phillips

BIRTHPLACE OF FATHER (State or country): Carroll County

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Carroll County

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Callender husband

(Address) 1739 Patapsco st

Filed 5/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27 1907

I HEREBY CERTIFY, That I attended deceased from December 1905 to May 27 1907 that I last saw h[illegible] alive on May 27 1907, and that death occurred, on the date stated above, at 8½ P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Anaemia — Nephritis (DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1340 St Charles st

Date May. 28, 1907. ~~1907~~

Place of Burial Cedar Hill

Date May 30 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1442

City of Baltimore, (No. 870 Pierce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Russel G. Goengs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 6 Weeks months, ~~6 days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Goengs

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Beulah Templeman.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Beulah Goengs.

(Address) 870 Pierce

Filed 5/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to May 28 1907

that I last saw him alive on May 28 1907,

and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

uncertain (DURATION) 4 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. J. Vonschmidt, M.D. M. D.

May 29 1907 (Address) 1658 N. Gilmore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: May 29th 1907

UNDERTAKER: Felix B Rye — ADDRESS: Felix B Rye.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 1443 Registered No. B C 1443 / 132

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edestine Hopkins

{ Residence, if in Baltimore, Give Street and Number. } 726 Comstock St Syracuse N.Y.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Indiana

FULL NAME OF FATHER: Johnson

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M. C. Young

(Address) John Hopkins Hospital

Filed 5/29 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to May 28 1907

that I last saw her alive on May 28 1907

and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) DAYS

Con'tributory (Primary.) Exophthalmic Goiter

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 5/29 1907

Place of Burial Greencastle Ind

Date May 29 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B C 1444

CERTIFICATE OF DEATH.

C 1444

(Place of Death.) No. 3033 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geraldine Mildred Buhl.

{ Residence, if in Baltimore, Give Street and Number. } 3033 Woodyear. St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Howard B. Buhl

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Barbra Sachs

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Fremont

Filed 5/29/1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29, 1907

I HEREBY CERTIFY, That I attended deceased from May 3 1907 to May 29, 1907 that I last saw h alive on May 28, 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 26 DAYS

(Signed) Albert J. Chambers M.D.

Address 614 S. Paca St

Date May 29th 1907

Place of Burial Balto Cem

Date May 30th 1907

Undertaker John J. Fields

Address 1200 W. Fremont St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 C 1445 Registered No. B C 1445

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Henry ST St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann R. Lycett.

{ Residence, if in Baltimore, Give Street and Number. } 1512 Henry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 1[illegible] 1851

AGE 55 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hugh McNeal

BIRTHPLACE OF FATHER (State or country) Philidelphia

MAIDEN NAME OF MOTHER Elizabeth Parsons

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Leycett

(Address) 1512 Henry st

Filed 5/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 18th 1907 to May 27th 1907

that I last saw h er alive on May 26 1907,

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

from aortic Regurgitation

(DURATION) DAYS

Contributory (Primary.) Bright's Disease

(DURATION) 16 months

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date May 27 1907

Place of Burial Holy Cross Cem.

Date May 30. 1907

Undertaker Danl J. and M. E. Flynn

Address 42 Lee- West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th C 1446 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Towson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christine Rais

{Residence, if in Baltimore, Give Street and Number.} 1108 Towson St

Duration of Residence in Baltimore. 4 days Emigrant

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 2nd 1902

AGE 4 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Anton Rais

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Eva Felcher

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Rais

(Address) 1108 Towson St.

Filed 5/29/1907 S.26 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to May 28 1907 that I last saw h[er] alive on May 28 1907, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever (DURATION) 10 DAYS

Con'ributory (Primary) Asthenia (DURATION) DAYS

(Signed) Baker M.D.

Address 1510 E. Fort Ave

Date May 29 1907

Place of Burial Lot Evangelical Lein

Date May 29th 1907

Undertaker H. Snyder & Sons

Address 1710 Carlton Ave

6. P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Assembly No. 3 .....

C1447

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 Pierce St

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jno H Garnett

{ Residence, if in Baltimore, Give Street and Number. } 735 Pierce St

Duration of Residence in Baltimore 40 yr C1447

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: White Washer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan A. Garnett

(Address) 735 Pierce St

Filed 5-/29/1907 HARRY [illegible], C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden (DURATION) DAYS

Con'tributory (Primary) (DURATION) DAYS

(Signed) Patrick F Martin M.D.
Coroner

Address

Date May 28 1907

Place of Burial Mt Auburn Cemetery

Date May 30 1907

Undertaker Felix B. Pye

Address 112 C. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 1448

City of Baltimore, (No. 1821, W. Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles R Brewer.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: October 24 1822 (Month) (Day) (Year)

AGE: 84 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Anna Arundel Co Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: (None.)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E P. Brewer

(Address) 1821 West Balto St

Filed May 30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to May 28th 1907 that I last saw him alive on May 28 1907, and that death occurred, on the date stated above, at 10.30 A.M. The CAUSE OF DEATH was as follows:

Old Age.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) John Hauff. M. D.

May 29th 1907 (Address) 152 W. Fremont St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: May 30th 1907

UNDERTAKER: F. B. Wishart

ADDRESS: Frederick Av & Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 8 C 1449 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 N. Port St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Georges

{Residence, if in Baltimore, Give Street and Number.} 1101 N. Port St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W.

DATE OF BIRTH Dec 21 1888

AGE 18 years, months days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno. M. Georges

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Georges

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jno. M. Georges

(Address) 1101 N. Port St

Filed 5/30 1907 HARRY D. HAWKINS, REGISTRAR, B. C. H.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Cr Nephritis

Duration

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Joseph Cullen M.D

Address Coroners Dept.

Date May 28 1907

Place of Burial Bals Cemetery

Date May 30 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 V

C 1450

Registered No. B C 1450

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 E. Hill St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian M. Oday -

{ Residence, if in Baltimore, Give Street and Number. } 112 E. Hill St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 16 1907

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: -

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jno Joseph Conrell -

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Christina E. Oday -

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Edw. Smith M.D.

(Address) 528 Hanover St.

Filed 5/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May - 27. 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 28 1907

that I last saw her alive on May 28 1907

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Jaundice -

(DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) F. Edward Smith M.D.

Address 528 Hanover St

Date 5/29/07. 190

Place of Burial Holy Cross Cem.

Date May 30 1907

Undertaker 17 E. Lee St

Address J. N. Doyle & Son.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1451 Registered No. B C 1451

CERTIFICATE OF DEATH.

(Place of Death.) No. 1030 Gelston Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewnia Stricklin

{ Residence, if in Baltimore, Give Street and Number. } 1030 Gelston Ct.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Sept 14 1886

AGE: 20 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Stricklin

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Cora Jones.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stricklin

(Address) 732 Wrenehe st

Filed 5/30 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 28th 1907

I HEREBY CERTIFY, That I attended deceased from May 21st 1907 to May 28th 1907 that I last saw her alive on May 27th 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) Very Short

Contributory (Primary.) (DURATION) DAYS

(Signed) F C Link M.D.

Address 1313 N. Northern

Date May 28th 1907

Place of Burial Mt Olivet

Date May 30 1907

Undertaker Alford & Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1452 Registered No. B 34

CERTIFICATE OF DEATH.

(Place of Death.) No. 2213 Brunt St. St. (If Death occurred in Hospital or institution, give Its Name instead of Street and Number.)

Full Name Wallace R. Sheridan

{ Residence, if in Baltimore, Give Street and Number. } 2213 Brunt St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH Febry 12 1900

AGE 7 years, 3 months, 16. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER Wallace R. Sheridan

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Susan Bowen

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Sheridan

(Address) 2213 Brunt St.

Filed 5/30 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28th 1907

I HEREBY CERTIFY, That I attended deceased from Febry 1st 1907 to May 28 1907 that I last saw h im alive on May 26 1907, and that death occurred, on the date stated above, at 1 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis (General)

(DURATION) ~ DAYS

Contributory (Primary)

Bronchial Pneumonia (DURATION) ~ DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Balto Md. May 28, 1907

Place of Burial Mt Lebanon Cemetery

Date May 31st 1907

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1453 Registered No. B C 1453

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1620 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Trenshaw

{Residence, if in Baltimore, Give Street and Number.} 1620 N. Calhoun st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 1st 1868

AGE: 39 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Trenshaw

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Wingfield

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Trench

(Address) 1620 N. Calhoun St.

Filed 5/30/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Albuminuria

about six mos. (DURATION) ..... DAYS

Contributory (Primary.) Bright's Disease

(DURATION) ..... DAYS

(Signed) Silas Baxamin M.D.

Address 700 Log ave. (County)

Date May 29th 1907

Place of Burial Lorraine Cem.

Date May 31 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 1454 Registered No. B C 1454

CERTIFICATE OF DEATH.

(Place of Death.) No. 1428 McCulloh St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth V. Clarke

{Residence, if in Baltimore, Give Street and Number.} 1428 McCulloh St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 29 1839

AGE 67 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Lisle

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Sarah Bird

BIRTHPLACE OF MOTHER (State or country) Somerset Co.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Florence B. Clarke

(Address) 1428 McCulloh

Filed 5/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 28 1907 that I last saw h alive on May 28 1907, and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Exhaustion

(DURATION) DAYS

Contributory (Primary) Fracture of Femur

(DURATION) 21 DAYS

(Signed) Albert F. Conrey M.D.

Address 1533 John St

Date May 29 1907

Place of Burial Loudon Park

Date May 31st 1907 190

Undertaker Henderson Bros Co

Address 2016 Madison St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C 1455 Registered No. B C 1455

CERTIFICATE OF DEATH.

(Place of Death.) No. 941 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia A. Matthews

{Residence, if in Baltimore, Give Street and Number.} 941 Pierce St

Duration of Residence in Baltimore. 70yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Matthews

(Address) 941 Pierce St

Filed 5/30/07 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 28 1907 that I last saw h er alive on May 28 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Con'tributery (Primary.) Arteriosclerosis

(DURATION) 3 DAYS

(Signed) W Norwood M.D.

Address 939 W Fayette St

Date May 28 1907

Place of Burial Mt Auburn

Date 5/30 1907

Undertaker Alf Hunter

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1456 Registered No. B C 1456

CERTIFICATE OF DEATH.

Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Peghett

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1827

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: William Peghett

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Alice Egan

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 5/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on May 29 1907,

and that death occurred, on the date stated above, at 1 p. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date May 29 1907

Place of Burial Holy Cross

Date May 31st 1907

Undertaker Henry C. Wiedefeld

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 1457 Registered No. B C 1457 ✓ 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Balto. and St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William F Boreflinger

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Jeweler.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Little,

(Address) 531 N. Fremont Ave.

Filed 5/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1907

I HEREBY CERTIFY, That I attended deceased from May 15th 1907 to May 29th 1907

that I last saw h[illegible] alive on May 29 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) ... DAYS

Con'ributory (Primary.) Hemiplegia

(DURATION) ... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date May 29 1907

Place of Burial Brunswick, Georgia.

Date May 30 1907 190...

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1458

City of Baltimore, (No. 1117 E. North Ave. ; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Ella Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August (Month) 8 (Day) 1831. (Year)

AGE: 75 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Samuel Cooper

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Isabella Porter

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Harvey Hardesty.

(Address) 1117 E. North Ave.

Filed 5/30 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 31 1907 to May 27 1907

that I last saw h[illegible] alive on May 27 1907,

and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) 60 DAYS

Contributory

(DURATION) DAYS

(Signed) D W Cathell M. D.

May 27 1907 (Address) 1308 Mt Vernon Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Balto Cemetery | DATE OF BURIAL: May 30 1907

UNDERTAKER: John J Fahey | ADDRESS: 1232 William

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C 1459 Registered No. B C 1459

CERTIFICATE OF DEATH.

154 L

(Place of Death.) No. Bay View Asylum Insane Dept. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah F. N. Rolfe.

{Residence, if in Baltimore, Give Street and Number.} 1213 Harlem Ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH — — 1

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Newberg N. C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lester Hollyday Supt.

(informant)

(Address) BAY VIEW ASYLUM.

Filed 5/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May — 29 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to May-29 1907 that I last saw h er alive on May-29 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

Unknown (DURATION) DAYS

Con'ributory (Primary.) Senile Dementia

Unknown (DURATION) DAYS

(Signed) R K Norris M.D.

Address Bay View Asylum

Date May-29- 1907

Place of Burial York Pa

Date May 30th 1907

Undertaker Geo J Smith & Co

Address 1000 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superinteuding the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1460

64

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1460

City of Baltimore, (No. 330 S Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Sneringer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 22 (Day) 1905 (Year)

AGE: 1 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Jno Sneringer

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Welsh

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno A. Sneringer

(Address) 330 S. Mount St

Filed 5/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 28 1907 that I last saw him alive on May 28 1907, and that death occurred, on the date stated above, at 9.45 a. m. The CAUSE OF DEATH was as follows:

Cerebral Congestion

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) H. J. Powers M. D.

May 29 1907 (Address) 2371 Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: 5/30 1907

UNDERTAKER: Crowley Bros | ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward Depot Private C 1461 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Mulcahy.

{Residence, if in Baltimore, Give Street and Number.} 911 Frederick Ave.

Duration of Residence in Baltimore. 10 months.

C 1461

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 2nd 1906

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): At above No.

FULL NAME OF FATHER: Edward D. Mulcahy.

BIRTHPLACE OF FATHER (State or country): Howard Co. Md. Clarksville

MAIDEN NAME OF MOTHER: Elizabeth Grob.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. D. Mulcahy

(Address) 911 Frederick Ave City

Filed 5/30 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to May 28 1907

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

Primary infection of Tuberculer Hip. Joint. Shock after Operation

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Jos H Branham M.D.

Address 2200 Eutaw Pl

Date May - 29 1907

Place of Burial New Cathedral Cem

Date May 30 1907

Undertaker Crowley Bros

Address 252 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 1462 Registered No. B C 1462

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 342 Morling Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth Frank

{Residence, if in Baltimore, Give Street and Number.} 342 Morling Ave

Duration of Residence in Baltimore. 10 yrs,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 3 1816

AGE: 70 years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: John Stock

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wolfe

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fuhrman

(Address) 24½ Morling Ave

Filed 5/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to May 28 1907

that I last saw h[illegible] alive on May 28 1907,

and that death occurred, on the date stated above, at 5 45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.) Bronchopneumonia

(DURATION) 12 Days.

(Signed) H. C. Alyea M.D.

Address 340 Cleveland Ave

Date May 31 1907

Place of Burial Millers St Md

Date May 31 1907

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C1463

120

City of Baltimore, (No. 2035 Bank St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Fink

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. (Month) 2nd (Day) 1861 (Year)

AGE 45 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Detrick Fummman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Meyer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Fink

(Address) 2035 Bank St

Filed 5/30/1907

BARRY & ANDREWS, PRINTERS.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to May 27 1907 that I last saw her alive on May 27 1907, and that death occurred, on the date stated above, at 4:40 P.M. The CAUSE OF DEATH was as follows:

Uraemic Coma 4 Acute Cardiac Dilatation

Uraemic Coma (DURATION) 3 DAYS

Contributory Interstitial Nefritis (DURATION) ? DAYS

(Signed) R. P. Carman M. D.

May 27 1907 (Address) 1701 N Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Carmel Cemetery | DATE OF BURIAL May 30 1907

UNDERTAKER H. Fowler Son | ADDRESS 1310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 1464 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 3001 Fair Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lottie Gertrude Jefferson

{ Residence, if in Baltimore, Give Street and Number. } 3001 Fair Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 7 1906

AGE — years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER George Jefferson

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Sophia Thayers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sophia Jefferson

(Address) 3001 Fair Ave.

Filed 5/30/ 1907 BARRY O'NEILL & BRO. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to May 29 1907

that I last saw h[illegible] alive on May 28 1907,

and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

" " (DURATION) " DAYS

(Signed) W. L. Rukard M.D.

Address 1105 Canton Ave

Date May 30 1907

Place of Burial Mt. Comel

Date May 31 1907

Undertaker [illegible] & SONS,

Address 1905-1907 Canton Avenue.

S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C1465

City of Baltimore, (No. 1309 Winchester St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susie Victoria Holton

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH Dec (Month) 30 (Day) 1902 (Year)

AGE 5 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER James Edw. Holton

BIRTHPLACE OF FATHER (State or country) St Marys Co. Md

MAIDEN NAME OF MOTHER Mary J. Marshall

BIRTHPLACE OF MOTHER (State or country) St Marys Co. Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Edw. Holton

(Address) 1309 Winchester St

Filed 5/30/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 9 1907 to May 29th 1907 that I last saw her alive on May 27th 1907, and that death occurred, on the date stated above, at 8 a. M. The CAUSE OF DEATH was as follows:

Tuberculous Mastoid Abcess – (Tuberculosis)

Since Aug 1st 1906 (DURATION) — DAYS

Contributory Exhaustion

3 weeks (DURATION) — DAYS

(Signed) R. B. Wilson D. M. D.

May 29 1907 (Address) 82 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters | DATE OF BURIAL May 31 1907

UNDERTAKER JAMES H. DENNIS | ADDRESS 1332 PRESSIMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 1466 Registered No. B ✓ 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 S. Bond St. St. (If Death occur Hospital or Institu give its Name i of Street and Num

Full Name Joseph Lewandowski

{ Residence, if in Baltimore, Give Street and Number. } 822 S. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto – Md
FULL NAME OF FATHER	Louis Lewandowski
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Bogdan

(Address) #613 S. Dallas St

Filed 5/30 1907 S L C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29, 1907

I HEREBY CERTIFY, That I attended deceased

19o to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immedi

Pneumonia

(DURATION)

Con'ributory (Primary.)

(DURATION)

(Signed) Thomas Sudlow Coron

Address 320 h Greene St.

Date 19

Place of Burial St Stanislaus

Date Thursday May 30/07 19

Undertaker M. F. Sudlow

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 1467 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vinct. Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Margaret Sullivan

{Residence, if in Baltimore, Give Street and Number.} St Vinct. Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	Apr 13 1907
AGE	..... years, 1 month, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/30 1907 HARRY O. HARRIS, P.C.C. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Apr 13~~ May 27 1907

I HEREBY CERTIFY, That I attended deceased from Apr ~~24~~ 1907 to May 27 1907

that I last saw her alive on May 27 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Carolina St

Date 5-29 1907

Place of Burial New Cathedral

Date May 30th 1907

Undertaker Martin Dalsey & Lowe

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1468

Ward 14 C 1468 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Dionysius Hart

{Residence, if in Baltimore, Give Street and Number.} St. Vinct Infant Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	Apr 8th 1907
AGE	years, 1 month, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 5/30 1907 S.L.C. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5/27/1907

I HEREBY CERTIFY, That I attended deceased from Apr 8 1907 to May 27 1907

that I last saw h[illegible] alive on May 26 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAY

Contributory (Primary.) .....

..... (DURATION) ..... DAY

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 5/29 1907

Place of Burial New Cathedral

Date May 30th 1907

Undertaker Waterworth & Sons

Address 406 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1469 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Ann Cross,

{Residence, if in Baltimore, Give Street and Number.} St. Vincent. Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W.
DATE OF BIRTH	May 2, 1907
AGE	— years, — months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	C. G
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	C
MAIDEN NAME OF MOTHER	C
BIRTHPLACE OF MOTHER (State or country)	C
OCCUPATION OF DECEASED	C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Asy.

Filed 5/30 1907 S.L.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5/28, 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 28 1907

that I last saw her alive on May 27 1907

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) .....

Contributory (Primary.)

..... (DURATION) .....

(Signed) E. H. Hayward, M.D.

Address 1230 N Carolina

Date 5/29 1907

Place of Burial New Cathedral

Date May 30 1907

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1470 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Lucy G. White

{ Residence, if in Baltimore, Give Street and Number. } St Vinct. Inf. asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Apr 28 / 1907

AGE: ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 5/31 1907 S. 2. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28th 1907

I HEREBY CERTIFY, That I attended deceased from Apr 29 1907 to May 28 1907 that I last saw h[er] alive on May 28 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 5/29 1907

Place of Burial Mount Calvary

Date May 30th 1907

Undertaker Martin Kehoe & Sons

Address 410 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 1471 ..... Registered No. B 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche C Getz

{Residence, if in Baltimore, Give Street and Number.} 1017 Madison ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1867

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas Getz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosa Getz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Getz

(Address) 1017 Madison ave

Filed 5/30 1907 D.H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to May 29th 1907

that I last saw her alive on May 25th 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Mamary Gland.

4 Years (DURATION) ..... DAYS

Contributory (Primary) Secondary Hypostatic pneumonia

(DURATION) ..... DAYS

(Signed) J. H. Chambers M.D.

Address 98 N Fremont Ave

Date May 30/1907 190

Place of Burial B'd Ho Hebrew

Date May 31 1907

Undertaker Jacob Ahrens Co

Address 7 Monument St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 14722
64

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 922, Greenmount Ave.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Paul W. Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 27 (Day) 1846 (Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adolph Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ana Schmidt

(Address) 922 Greenmount Ave

Filed 5/30/1907 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to May 30 1907 that I last saw h~~im~~ alive on May 30 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 50 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) James M Fenton M. D.

May 30 1907 (Address) 704 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Balto | DATE OF BURIAL: June 2d 1907

UNDERTAKER: Geo Lewin Cockey Sr | ADDRESS: 647 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

Ward W C 1473 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 W Lee St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Child of Richard & Lillie Tall

{ Residence, if in Baltimore, Give Street and Number. } 515 W Lee St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: May 30 1907

AGE: ..... years, ... months, 2 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Richard S Tall

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lillie Whittman

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard S Tall

(Address) 515 W. Lee

Filed 5/30/1907 S.P.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th, 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to May 30th 1907 that I last saw her alive on May 30 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) T. M Lampasin M.D.

Address 602 N. Paca St.

Date May 30 1907

Place of Burial London Park Cemetery

Date May 30 1907

Undertaker Armstrong Dem Co

Address 75 Light St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 1474

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 247 Milford Rd St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June (Month) (Day) 1833 (Year)

AGE 74 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Nicholas Smith

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Lizzy Zimmerman

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Fulbright

(Address) N. E. Cor. Lafayette & Carrollton Aves.

Filed 5/30/1907 L. R. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 5 1907 to May 28 1907 that I last saw h alive on 26 May 1907 at 11.30 and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
Acute Bronchitis

8 mos (DURATION) DAYS

Contributory Senility 82 yrs

Lobar Pneumonia (DURATION) 4 DAYS

(Signed) [illegible] M. D.

MAY 29 1907 N. E. Cor. Lafayette & Carrollton Aves. (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Natural Lemon	May 31st 1907
UNDERTAKER	ADDRESS
C. W. Dill.	1810 Fred'k.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 1475 Registered No. B ✓

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E Dorsey

{Residence, if in Baltimore, Give Street and Number.} Ellicott City Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Dead

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Dorsey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton H Easton

(Address) Ellicott City

Filed 5/31/ 1907 S. L. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 190 7

I HEREBY CERTIFY, That I attended deceased from May 25 190 7 to May 30 190 7

that I last saw him alive on May 30 190 7

and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) DAYS

Con'ributory (Primary.) chronic nephritis. (DURATION) DAYS

(Signed) S S Krause M.D.

Address Johns Hop Hosp

Date 190

Place of Burial Mt. Guilhs Balto Co

Date June 2. 190 7

Undertaker Wm H Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 Registered No. B 1476

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2501. W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Virginia Smith

{ Residence, if in Baltimore, Give Street and Number. } 2501. W. Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 9th 1899

AGE 8 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Louis Michel Smith

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Virginia Elizb. Schaefer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Elizb Smith

(Address) 2501 W. Fayette St

Filed May 31 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28th 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190;

and that death occurred, on the date stated above, at 8:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

accidentally run over by wagon of the Shippers boy Co. on Eutaw St between Fayette & Lexington St died in about 15 minutes after removal from patient (DURATION) 1 Hour

Contributory (Primary) Injuries passing over her abdomen (DURATION) DAYS

(Signed) Frank Jones. M.D.

Address Coroners Office Inquest May 30th 07

Date May 30th 1907

Place of Burial New Cathedral Cemetery

Date May 31st 1907

Undertaker Geo Weber

Address 1153 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1477 Registered No. B C 1477 V 92 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 W. West St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernst Warner 6.

{ Residence, if in Baltimore, Give Street and Number. } 506 W. West St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: December 23 1906

AGE: — years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Ernest Warner 6

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Estella Hayes 6

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Warner (mother) 6

(Address) 506 W. West St

Filed 5/31/1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) H. M. Zinnhardt M.D.

Address Coroner

Date May 30 1907

Place of Burial Mt Zion Cem

Date May 31 1907

Undertaker Jno. H. Toadvine

Address 192 Wardell St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 40 C 1478 Registered No. B C 1478 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Ludwig

{ Residence, if in Baltimore, Give Street and Number. } 107 Lakewood ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — 1 —

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Sigmund Ludwig

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Oiler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Ludwig

(Address) 244 E Bond St

Filed 5/31 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 - 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Colitis 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at 4 —

I. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Accidental fall —

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. B. Hayton M.D.

Address 216 E Centre st

Date May 31 1907

Place of Burial Balto Com

Date June 1 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1479 Registered No. B ..... C 1479

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Connelly

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to May 28 1907 that I last saw h[er] alive on May 28 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Multiple Neuro fibromata of skin
Chronic diffuse Nephritis.
Senility (DURATION) ..... DAYS

Contributory (Primary) Cystitis (DURATION) ..... DAYS

(Signed) R R Nowlin M.D.

Address Bay View Hospital

Date May 29 1907

Place of Burial Sacred Heart

Date May 31" 1907

Undertaker Evans & Spence

Address 1184 1/2 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 1480 Registered No. B C 1480

CERTIFICATE OF DEATH.

(Place of Death.) No. 279. N. Exeter St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Frank Bread

{Residence, if in Baltimore, Give Street and Number.} 279. N. Exeter St

Duration of Residence in Baltimore. 2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 1 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) ~~Bal~~ Russia

FULL NAME OF FATHER Charles Bread

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Eva Angeil

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Bread

(Address) 279 N Peters St

Filed 5/31 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to 30th 1907 that I last saw h[im] alive on May 30 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Fleisher M.D.

Address 1169 E. Balto St

Date May 30th 1907

Place of Burial Lebanon Philip Rd Roosdale

Date May 31, 1907

Undertaker H. A. Levinson

Address 1620 N. E. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1481

City of Baltimore, (No. Riggs Ave 1421 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 29 (Day) 1907 (Year)

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Cohen

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Alice Metz

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) Same Address

Filed 5/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to May 30 1907 that I last saw h in alive on May 30 1907, and that death occurred; on the date stated above, at 4.45 P.M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 8 DAYS

Contributory Cardiac Failure

(DURATION) ..... DAYS

(Signed) J. Thomas Nelson M. D.

May 30 1907 (Address) 1300 N. Strieber

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Philip Rd Rosedale	May 31 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 1482 Registered No. B C. 1482

88 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Magdelen. M. Kaiser

{Residence, if in Baltimore, Give Street and Number.} 1018 E Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 22nd 1905

AGE: 1 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Adam Kaiser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Krenzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Kaiser

(Address) 1018 E. Chase St

Filed 5/31 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 30 1907

I HEREBY CERTIFY, That I attended deceased from 1 day 190 to 190

that I last saw her alive on May 30 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Laryngitis

(DURATION) DAYS

Contributory (Primary.) Possibly Diphtheria

48 hours (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date May 31 1907

Place of Burial Holy Redeemer Cemetery

Date May 31st 1907

Undertaker Henry Hoeck & Son

Address 130 E Eager St.

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 1483

Registered No. B .....

City of Baltimore, (No. Franklin Square Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bamhart Spielman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frank Spielman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Paul

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Farmer Laud

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Lawrence

(Address) 1931 Ramsay St.

Filed 5/31 1907 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 30th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to May 30 1907

that I last saw him alive on May 30 1907,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) ..... DAYS

Contributory acute dilatation of heart (DURATION) ..... DAYS

(Signed) H. C. Jameson M. D.

5/30 1907 (Address) Franklin Square Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Balto Co Md How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: June 1 1907

UNDERTAKER: Henry Hoede & Son ADDRESS: 130 E. Eag[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

C 1484

Registered No. B C 1484

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 S Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Schultz

{ Residence, if in Baltimore, Give Street and Number. } 725 S Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Schmidt

(Address) 608 S. Broadway

Filed 5/31 1907

HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 - 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 E Fayette St.

Date 190

Place of Burial Pt. Evergreen Cem

Date May 31 190 7

Undertaker L Landau & Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 1485 Registered No. B C 1485

CERTIFICATE OF DEATH.

(Place of Death.) No. 1356 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane M. Milburn

{Residence, if in Baltimore, Give Street and Number.} 1356 Cleveland

Duration of Residence in Baltimore. 5 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Bark

DATE OF BIRTH 1

AGE ~~4~~ years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Chas Melburn

BIRTHPLACE OF FATHER (State or country) St. Mary's Co

MAIDEN NAME OF MOTHER Priscilla Effort

BIRTHPLACE OF MOTHER (State or country) A. A. Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ch. Melburn

(Address)

Filed 5/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 29 1907 that I last saw h~~er~~ alive on May 28 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Bronchopneumonia

(DURATION) 7 DAYS

Con'tributory (Primary) Asthenia

(DURATION) 3 DAYS

(Signed) D Norwood M.D.

Address 739 n Fayette

Date May 31 1907

Place of Burial Mt Auburn Cemetery

Date May 31 1907

Undertaker Geo H Harper

Address 609 L Pacific St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 1486 Registered No. B — C 1486

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. E. R. Thomas

{Residence, if in Baltimore, Give Street and Number.} 214 N. Montford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH March 9 1894

AGE 13 years, 2 mon'ts, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm Thomas

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Laura Sims

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Thomas

(Address) 214 N. Montford Ave

Filed 5/31 1907

HARRY C. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to May 30 1907 that I last saw h[im] alive on May 30 1907 and that death occurred, on the date stated above, at 12 20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) 60 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 8 DAYS

(Signed) Adolf C. Eisenberg M.D.

Address 2213 Orleans St

Date May 30 1907

Place of Burial Asbury & Evergreen Cemetary

Date June 2nd 1907

Undertaker Charles H. Burkett

Address 1633 E. Madison St

Wm. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 4 — Registered No. B C 1487

C 1487

CERTIFICATE OF DEATH.

(Place of Death.) No. 651 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Ryan

{Residence, if in Baltimore, Give Street and Number.} 651 W Fayette

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Lee ~~Unknown~~

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Shipley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. L. Ryan

(Address) 651 W Fayette

Filed 5 31 07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 30 07 1907

I HEREBY CERTIFY, That I attended deceased from May 9 1907 to May 30 1907

that I last saw h[illegible] alive on May 28 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis Chronic

Six months (DURATION) + DAYS

Con'tributory (Primary.) +

(DURATION) X DAYS

(Signed) V Van Williams M.D.

Address 701 W Fayette

Date May 30 07 1907

Place of Burial Balto Cem

Date June 1 1907

Undertaker McGuire Carroll

Address 1227 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1488 Registered No. B C 1488

CERTIFICATE OF DEATH.

(Place of Death.) No. Aged Women's Home Calhoun and Lexington Sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn Ebel

{Residence, if in Baltimore, Give Street and Number.} 1400 W. Lexington St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W H

DATE OF BIRTH Unknown 1

AGE 89 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) St. Mary's Co

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E L Jones Matron

(Address) Home

Filed 5/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to May 31 1907

that I last saw h[illegible] alive on May 30 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 3 DAYS

Con'tributory (Primary.) Ascites

(DURATION) 3 DAYS

(Signed) V Norwood M.D.

Address 939 W Fayette St

Date May 31 1907

Place of Burial Baltimore Cem

Date June 1st 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 7. C 1489 Registered No. B C 1489

CERTIFICATE OF DEATH.

(Place of Death.) No. 732 Golds Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Wiggins

{Residence, if in Baltimore, Give Street and Number.} 732 Golds Court.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1852

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED House-work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Macaway

(Address) 732. Golds Court.

Filed 5/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to May 30th 1907

that I last saw h alive on May 30th 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) [illegible] M.D.

Address Cor Montgomery & [illegible]

Date May 30th 1907

Place of Burial Holy Cross Cem. C. A. Co.

Date June. 1 1907

Undertaker M Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C1490 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 677 W Franklin St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lena G Dahne

{Residence, if in Baltimore, Give Street and Number.} 677 W Franklin St.

Duration of Residence in Baltimore. 14 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 31st 1902

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Louis Sarnpick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Cohn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Dahne

(Address) 677 W Franklin St.

Filed 5/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to May 31 1907 that I last saw her alive on May 31 1907, and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) August Hon M.D.

Address 57 Paul & 25th Sts

Date May 31st 1907

Place of Burial Strila Road Hebrew Cem

Date 5/31 1907

Undertaker Mark Levinson

Address 1620 McElderry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 1491

City of Baltimore, (No. 429 Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Kerr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 5 (Day) 1906 (Year)

AGE: ..... years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Miss Kerr

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) JOHNS HOPKINS HOSPITAL

Filed 5/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to May 28 1907 that I last saw him alive on May 27 1907 and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Marasmus

Four weeks (DURATION)

Contributory Food

(DURATION)

(Signed) C. L. Peterson M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? .....

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: [illegible]

DATE OF BURIAL: MAY 31 1907

UNDERTAKER: [illegible] Board of Health.

ADDRESS: Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 1492 Registered No. B C 1492

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 3357 Beech Avenue St. (Hampden)

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Daniel Gerald Stewart

{Residence, if in Baltimore, Give Street and Number.} 3357 Beech Av. (Hampden)

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH May 23, 1905.

AGE 2 years, — months, 8. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Ralph J. Stewart

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Irene D. Dow.

BIRTHPLACE OF MOTHER (State or country) Ohio.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph J. Stewart

(Address) 3357 Beech Av

Filed 5/31/1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31, 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to May 31 1907 that I last saw h— alive on May 31 1907, and that death occurred, on the date stated above, at 8.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Syncope

(DURATION) — DAYS

Contributory (Primary.) Broncho-Pneumonia (DURATION) 24 DAYS

(Signed) M. A. O'Neill M.D.

Address 135 Hollins St

Date May 31 1907

Place of Burial Bucyrus - Ohio

Date May 31 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 1493 Registered No. B C 1493

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 W. Preston St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John R. Norton

{ Residence, if in Baltimore, Give Street and Number. } 538 W. Preston St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: May 3 1907

AGE: — years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Norton

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Irene E. Colbert

BIRTHPLACE OF MOTHER (State or country): Chas Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene E Colbert

(Address) 538 W Preston St.

Filed 6/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1907.

I HEREBY CERTIFY, That I attended deceased from May 29 1907 to May 31 1907 that I last saw h~~im~~ alive on May 30 1907, and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 6. DAYS

Con'ributory (Primary.)

Asthenia (DURATION) 24 DAYS

(Signed) Edward E Mackenzie M.D.

Address 1339 W. North Ave

Date Balt May 31st 1907.

Place of Burial St Peters Cemetery

Date June 1 1907

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1494

City of Baltimore, (No. 2024, Wilhelm St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hildegard R Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 9 1901 (Month) (Day) (Year)

AGE: 5 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry H Miller

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Vogt

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo Knell

(Address) 917 Columbia Ave

Filed 6/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 30 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to May 30 1907 that I last saw her alive on May 30 1907, and that death occurred, on the date stated above, at 2.15 P. M. The CAUSE OF DEATH was as follows:

Convulsions.

(DURATION) 1 DAYS

Contributory Cerebro Spinal Meningitis (DURATION) 14 DAYS

(Signed) Mac Neille M. D.

May 31 1907 (Address) Madeira Mo

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: June 3 1907

UNDERTAKER: A Knell & Son | ADDRESS: 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1495

City of Baltimore, (No. 751, Columbia Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lydia J. Talbott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1849 (Year)

AGE: 58 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Talbott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maria Knabb

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard A Metz

(Address) 751 Columbia Ave

Filed 6/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to May 29 1907 that I last saw h[er] alive on May 29 1907, and that death occurred, on the date stated above, at 3-30 P.M. The CAUSE OF DEATH was as follows:

Valv. Disease of Heart

Don't Know (DURATION) DAYS

Contributory Dropsy & Paralysis

(DURATION) 90 DAYS

(Signed) Addison C. Fox M. D.

May 31 1907 (Address) 313 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem DATE OF BURIAL: June 1 1907

UNDERTAKER: Jos B Cook ADDRESS: 1003 W Balto.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

54 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1496

City of Baltimore, (No. 1039, N. Castle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. Doyle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 28 1830 (Month) (Day) (Year)

AGE: 77 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Mark Griffith

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Doyle

(Address) 1039 Castle St. (City)

Filed 6/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to May 29 1907 that I last saw h.. alive on May 28 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Anemia & General failure of vital powers
(Bedridden a year)
Nine Days a year (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) R. A. Clewell M. D.

June 1 1907 (Address) 1741 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Carmel

DATE OF BURIAL: 6/1 1907

UNDERTAKER: J. Herwig Son

ADDRESS: 2005 Orleans

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 1497 Registered No. B C 1497

CERTIFICATE OF DEATH.

15 IV

(Place of Death.) No. 123 Reese St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Colton O Stokes

{ Residence, if in Baltimore, Give Street and Number. } 123 Reese St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 0 years, 1 months, 3 weeks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Daniel Stokes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Blanch Fox

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Blanch Fox

(Address) 123 Reese St- Wavdy

Filed 6/1 1907 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to May 30 1907

that I last saw him alive on May 30 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Edmonds M.D.

Address 424- East 23 St

Date May 31 1907

Place of Burial Md. Auburn

Date June 1 1907

Undertaker B A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and date of death**, **cause and date of death**, **condition** (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 1498 Registered No. B C 1498

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1335 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sara Smith.

{ Residence, if in Baltimore, Give Street and Number. } 1335 Calhoun St

Duration of Residence in Baltimore. Fifteen yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dec 10 1891

AGE: 15 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Frank A Smith

BIRTHPLACE OF FATHER (State or country): Warrenton Va Fagquier Co.

MAIDEN NAME OF MOTHER: Maggie Stewart

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Farther Frank A Smith

(Address) 1335 N Calhoun St

Filed 6/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from March 29 1907 to May 29 1907 that I last saw her alive on May 29 1907, and that death occurred, on the date stated above, at 2.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

(DURATION) DAYS

Contributory (Primary.) Miliary Tuberculosis

(DURATION) DAYS

(Signed) R. L. Mitchell M.D.

Address University Hospital

Date May 30 1907

Place of Burial Laurel

Date June 1 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 1499 Registered No. B C 1499

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 522 N. Schroder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George I. Brundage

{ Residence, if in Baltimore, Give Street and Number. } 522 N. Schroder St.

Duration of Residence in Baltimore. 19 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 29th 1881

AGE: 26 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Connellsville Pa.

FULL NAME OF FATHER: Marcus I. Brundage

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Sarah J. Hunt

BIRTHPLACE OF MOTHER (State or country): Talbott Co. Md.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beatrice Brundage

(Address) 522 N. Schroder

Filed 6/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th 1907

I HEREBY CERTIFY, That I attended deceased from about 8 months 1907 to May 30 1907

that I last saw him alive on May 30 1907 at 11.15

and that death occurred, on the date stated above, at 11.15

I. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

Pneumonia

2 or 3 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. F. Thennell M.D.

Address 2226 Madison ave.

Date May 31, 1907

Place of Burial Western Cemetery

Date June 2nd 1907

Undertaker Mrs & Sons John F. Seufert

Address 801 N. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 1500

City of Baltimore, (No. 720 N Fulton ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 26 (Day) 1832 (Year)

AGE: 73 years, 1 month, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Talbot Co Md

FULL NAME OF FATHER: Stephan Harrison

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susannah Spencer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Olivia Harrison

(Address) 720 N Fulton ave

Filed 6/1 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1907 to May 16 1907 that I last saw h— alive on May 15 1907, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Cancer

(DURATION) DAYS

Contributory Cachexia

(DURATION) DAYS

(Signed) J H T Mitchell M. D.

1907 (Address) 2200 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Long Point Talbot Co Md — DATE OF BURIAL: June 1st 1907

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 1501 Registered No. B C 1501

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 W. Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Nossel

{ Residence, if in Baltimore, Give Street and Number. } 811 W. Fayette st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fml | COLOR W

DATE OF BIRTH May 31 1907

AGE — years, — months, 2 hours days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Sgl

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER J Bernard Nossel

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margaret Ford

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Bernard Nossel

(Address) 811 W Fayette St

Filed 6/1 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1907

I HEREBY CERTIFY, That I attended deceased from

On May 3 1907 to 190

that I last saw h alive on May 31 1907,

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia on heart with bronchial complications (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) John C. Young M.D.

Address 1302 W. Lombard st

Date May 1 1907

Place of Burial Mt Cathedral

Date June 1st 1907

Undertaker H. C. Branning

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

C 1502

Ward 1

Registered No. B C 1502

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. 3010 Elliott St. St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary C. Dilmore

{Residence, if in Baltimore, Give Street and Number.} 3010 Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 25th 1875

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Dilmore

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Carney

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: School-teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) 3010 Elliott St.

Filed 6/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from January 1907 to May 1907 that I last saw her alive on May 29 1907 and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 2 Yrs DAYS

Contributory (Primary.) Valvular Dis. of Heart. Mitral & aortic regurgitation

(DURATION) DAYS

(Signed) C. O'Donovan M.D.

Address 10 E. Read St.

Date May 30 1907

Place of Burial Cathedral Cemt

Date June 3rd 1907

Undertaker E. A. Weidefeld Sr.

Address 213 Green Mount Ave

Dr. Chas. O. Donovan
10 E. Read St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C 1503 Registered No. "B" C 1503

5b

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Humphreys

{ Residence, if in Baltimore, Give Street and Number. } 1525 W Pratt St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edw. Humphreys

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary A Gilbon

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Dollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 31 1907 that I last saw h.. alive on May 31 1907, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholic Insanity Terminal

(DURATION) DAYS

Contributory (Primary.) Chronic Alcoholism (DURATION) DAYS

(Signed) R R Vernon M.D.

Address Bay View Hospital

Date May 31 1907

Place of Burial St Peters

Date June 3rd 1907

Undertaker John J Fallon

Address 1210 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 14 C 1504 Registered No. B 95

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Curtis

{Residence, if in Baltimore, Give Street and Number.} 1432 Druid Hill ave

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 78. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Curtis Statham

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie Curtis

(Address) 1432 Druid Hill Ave.

Filed 6/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1907

I HEREBY CERTIFY, That I attended deceased from May 29 1907 to May 30 1907 that I last saw her alive on May 30 1907 and that death occurred, on the date stated above, at 3 30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Jennings M.D.

Address 1415 Madison ave

Date May 31 1907

Place of Burial Mt Olivet Cem

Date Wednesday June 5 1907

Undertaker Wm Cook

Address 1526 Harlem ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 1505 Registered No. B C 1505

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 559 Merryman Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea Cohee

{Residence, if in Baltimore, Give Street and Number.} ~~4 Wood~~ 559 Merryman Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 20 1907

AGE ..... years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Harry Cohee

BIRTHPLACE OF FATHER (State or country) Carolina Co Md

MAIDEN NAME OF MOTHER B. Holbrook

BIRTHPLACE OF MOTHER (State or country) Carroline Co Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cohee

(Address) 559 Merryman Lane

Filed 6/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to May 31 1907 that I last saw her alive on May 30 1907, and that death occurred, on the date stated above, at ..... A.M. CAUSE OF DEATH (Secondary or Immediate)

Exanition

..... (DURATION) ..... DAYS

Con tributory (Primary) Exanition

..... (DURATION) ..... DAYS

(Signed) Harry C Alyn M.D.

Address 340 Roland Ave

Date June 1907

Place of Burial St Mary's

Date June 1 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 1506 Registered No. B C 1506

39 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 531 N Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Brooks

{Residence, if in Baltimore, Give Street and Number.} 531 N Dolphin St

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe | COLOR: Colored

DATE OF BIRTH: 1

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER: Henry Brooks

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Collins Parker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Brooks

(Address) 531 N Dolphin

Filed 6/1 1907 HARRY C. ARRENT, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to May 30 1907 that I last saw h er alive on 29 May 1907, and that death occurred, on the date stated above, at 4 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Carcinoma of the Tongue (DURATION) 6 Months

(Signed) John Estruck M.D.

Address 627 N Lafayette Ave

Date May 31 1907

Place of Burial Mt Auburn cemetery

Date June 2 1907

Undertaker Geo H Hooper

Address 609 Little Pacaut

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 1507 Registered No. B C 1507

CERTIFICATE OF DEATH. 501

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Ottmansburg

{Residence, if in Baltimore, Give Street and Number.} 126 4th Ave.

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Cullen

(Address) St. Joseph's Hosp.

Filed 6/1 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 th 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to May 30 1907 that I last saw h[illegible] alive on May 29 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Chronic Nephritis

Not Known (DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) 1 DAYS

(Signed) Wm. F. Cullen M.D.

Address St Josephs Hospital

Date May 30 1907

Place of Burial Holy Redeemer Cem'y

Date June 1 st. 1907

Undertaker Henry Hoeck Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 1508 Registered No. B C 1508

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 232 E Church St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Luther H & Annie E. Ritter

{ Residence, if in Baltimore, Give Street and Number. } 232 E Church St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 31 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER L. H. Ritter

BIRTHPLACE OF FATHER (State or country) Baltimore Co Md

MAIDEN NAME OF MOTHER Annie E Tilley

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant L H Ritter Father)

(Address) 232 E Church

Filed 6/1 1907

HARRY C. [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 1907

I HEREBY CERTIFY, That I attended deceased from May 31 1907 to June 1 1907

that I last saw h[illegible] alive on May 31 1907

and that death occurred, on the date stated above, at 9 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 1705 Hollins st

Date June 1 1907

Place of Burial Mt Olivet Cem Balto Co Md

Date June 1 1907

Undertaker Armstrong Penny Co

Address 715 Light St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 16 C 1509 Registered No. B C 1509

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Vine St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Maree Halmes

{Residence, if in Baltimore, Give Street and Number.} 807 Vine St C 1509

Duration of Residence in Baltimore. 3yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col'd

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo H Gentry Sperry

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Matilda Holmes

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Matilda Holmes

(Address) 807 Vine St

Filed June 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 190

I HEREBY CERTIFY, That I attended deceased from May 27 190 7 to May 30 190 7 that I last saw h alive on May 30 190 7, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Bronchial Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Atelectasis

(DURATION) 3 DAYS

(Signed) W J Norwood M.D.

Address 739 W Fay. Ellis Le-

Date May 30 1907

Place of Burial Lorraine

Date June 1st 1907

Undertaker Alfred J Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C1510 Registered No. B C 1510

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 N. Woodyear St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sheridan R. Coy

{Residence, if in Baltimore, Give Street and Number.} 808 n Woodyear St

Duration of Residence in Baltimore. life time

C 1510

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 4 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John H. Coy

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Margaret Campbell

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Coy

(Address) 808 N Woodyear

Filed June 1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

Louis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to Apr 1907 that I last saw him alive on Apr 10 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

(DURATION) 1 DAYS

Con'tributory (Primary) Bronchitis

(DURATION) 30 DAYS

(Signed) Harry M Wegefarth M.D.

Address 1207 E Monument St

Date June 1 1907

Place of Burial Laurel Cemetery

Date June 1 1907

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1511 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 627 Lemell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie A Hemeke

{ Residence, if in Baltimore, Give Street and Number. } 627 Lemell St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 21st 1902

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER George Hemeke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kate Weber

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Hemeke (Father)

(Address) 627 Lemell St.

Filed 6/1/ 1907 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to May 30 1907 that I last saw h er alive on May 30 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 9 weeks

Contributory (Primary) Tuberculosis

(DURATION) 9 weeks

(Signed) Irvin Eberwein M.D.

Address 1701 Penna Ave

Date May 30 1907

Place of Burial Holy Cross (R C)

Date June 2nd 1907

Undertaker E Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 1512

150

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1422 A Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Smith, Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 22 (Day) 1907 (Year)

AGE: — years, — months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert Smith

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Nellie Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: (—)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. W. Castle

(Address) 631 N. Carey st.

Filed 6/1 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to May 31 1907

that I last saw him alive on May 31 1907,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Congestion of the lungs (DURATION) 7 DAYS

Contributory Organic heart disease

(Congenital (DURATION) 9 DAYS

(Signed) H. M. Stevenson, M. D.

June 1 1907 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: June 1 1907

UNDERTAKER: Geo H Little — ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

D

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 ✓

CERTIFICATE OF DEATH.

Registered No. B C 1513

City of Baltimore, (No. 1118 Stiles Street St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Goldschmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Chiple

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Liebe Shipeno

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Goldsmith

(Address) 115 Gough St.

Filed June 2 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to June 1 1907

that I last saw h.e alive on June 1 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Chronic Cystitis

..... (DURATION) ..... DAYS

Contributory Acute Colitis

Bronchitis (DURATION) 3 DAYS

(Signed) Frank J. Krutz M. D.

June 1 1907 (Address) 1126 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Liebman Philip Rebecca Dale

DATE OF BURIAL: June May 2 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C 1514 Registered No. B C 1514

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Ludlow St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret E. Ireland

{Residence, if in Baltimore, Give Street and Number.} 1615 Ludlow St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 2nd 1857

AGE 49 years, 9 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Howard County

FULL NAME OF FATHER William F Waters

BIRTHPLACE OF FATHER, (State or country) Howard County

MAIDEN NAME OF MOTHER Henrietta C. Sabers

BIRTHPLACE OF MOTHER (State or country) Howard County

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Harriett A Fletcher

(Address 1615 Ludlow st.

Filed June 2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to May 30 1907

that I last saw h-r alive on May 30 1907

and that death occurred, on the date stated above, at 7 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of uterus

about 6 mos (DURATION) ~~DAYS~~

Con'ributory (Primary.) about 6 mo. (DURATION) ~~DAYS~~

(Signed) W. J. Smith M.D.

Address 528 Hanover St

Date May 30 1907

Place of Burial Cedar Hill

Date June 2nd 1907

Undertaker Jos. Stembler & Co

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during lis or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during lis or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If

SEX

DATE

AGE

SINGL WIDO

BIRTH (State

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(Inform

Filed June

HEALTH DEPARTMENT, City of ...

Ward ... C 1515 Registered No. B ... C 1515

1051

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 S Luzerne St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James Mc Williams

{ Residence, if in Baltimore, Give Street and Number. } 613 S Luzerne

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH July 31st 1905

AGE 1 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Mc Williams

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Hutson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph M. Hutson

(Address) 613 S. Luzerne St.

Filed June 2 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to May 30 1907

that I last saw him alive on May 30 1907,

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Enteritis

(DURATION) 5 DAYS

Con'tributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date May 30 1907

Place of Burial Mt. Carmel Cemetery

Date June 2nd 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7D C 1516 Registered No. B [illegible] 99

CERTIFICATE OF DEATH.

(Place of Death.) No. 1137 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Kemper.

{Residence, if in Baltimore, Give Street and Number.} 1137 Leadenhall St.

Duration of Residence in Baltimore. Not Known.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.	COLOR: White.
DATE OF BIRTH: Dec 17 (?) 1856	
AGE: 51 years, 5 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany.	
FULL NAME OF FATHER: Not Known	
BIRTHPLACE OF FATHER (State or country): Germany (?)	
MAIDEN NAME OF MOTHER: Not Known	
BIRTHPLACE OF MOTHER (State or country): Germany (?)	
OCCUPATION OF DECEASED: ~~Laborer.~~ Glass maker.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Kemper.

(Address) 1137 Leadenhall St.

Filed June 2 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to May 30 1907 that I last saw h.im alive on May 29 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

/

Since my 1st Visit (DURATION) — DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Sharp St

Date May. 30 1907

Place of Burial St Patricks Cem

Date June 3 1907

Undertaker Daniel & Margaret E. Flynn

Address 42 E. 2 Fed. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1517 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esthee Loweuthal.

{ Residence, if in Baltimore, Give Street and Number. } Esther Lolventhal. C 1517

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: David Kravitch

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Jacobsen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/2/ 1907 S.R.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2, 1907

I HEREBY CERTIFY, That I attended deceased from 5/29 1907 to 6/1 1907 that I last saw her alive on 6/1 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia-

(DURATION) DAYS

Con'tributory (Primary) Hemiplegia - Arterio Sclerosis - Chronic diffuse Nephritis (DURATION) DAYS

(Signed) R R Jones M.D.

Address Bayview Hospital

Date June 2 1907

Place of Burial Philips Rd Ken Th

Date June 2, 1° 1907

Undertaker Max Lemmon

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 1518 Registered No. B C 1518 119

CERTIFICATE OF DEATH.

(Place of Death.) No. Hotel Belvedere St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Meadows

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 7 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 29 1844

AGE 57 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Newbern, N. C.

FULL NAME OF FATHER John Meadows

BIRTHPLACE OF FATHER (State or country) Newbern, N. C.

MAIDEN NAME OF MOTHER Louise Howard

BIRTHPLACE OF MOTHER (State or country) Newbern, N. C

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed June 3rd 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to June 3 1907

that I last saw h— alive on June 2 1907,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Infantis Acute.

2 Days (DURATION) DAYS

Contributory (Primary.) Do not Know

(DURATION) DAYS

(Signed) J. W. Wilkins, M.D.

Address 819 N Eutaw St.

Date June 3 1907

Place of Burial Mt Burnet Bad

Date June 6 1907

Undertaker E M Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C 1519

C 1519

CERTIFICATE OF DEATH.

(Place of Death.) No. 630 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Parker.

{Residence, if in Baltimore, Give Street and Number.} 630 Lanvale St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Col.

DATE OF BIRTH ..... 1.....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Parker

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Widmore

(Address) #1028 Brookst

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to June 1 1907 that I last saw h.. alive on May 27 1907, and that death occurred, on the date stated above, at 3:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 1 mo DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) John Edwards M.D.

Address 1701 Park Ave

Date June 1 - 07 1907

Place of Burial Mt. Auburn

Date June 3rd 1907

Undertaker Alfred J. Friedman

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 1520 Registered No. B C 1520

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 Riversdale Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Veronica Hook

{Residence, if in Baltimore, Give Street and Number.} 1219 Riversdale Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 2 1907

AGE ..... years ..... few seconds months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William Hook

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Welsh

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hook

(Address) 1219 Riversdale Ave

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from June 2 1907 to June 2 1907 that I last saw h.. alive on June 2 1907, and that death occurred, on the date stated above, at 7.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Premature birth
Child lived on a few seconds (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) W. B. Burch M.D.

Address 82 N. Connecticut Ave

Date June 2nd 1907

Place of Burial Holy Cross RC Cy

Date June 3 1907

Undertaker J. S. Hunteloke

Address 1318 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4
40

CERTIFICATE OF DEATH.

Registered No. BC 1521

City of Baltimore, (No. 1428 Parkwa St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. P. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 77 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Salisbury Md

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Iron

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard T Williams

(Address) 1428 Parkwa

Filed 6/3 1907 HARRY O. ANDREWS, PERETT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 31st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 20th 1907 to May 31 1907

that I last saw her alive on " " 1907,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Some intraabdominal trouble, probably cancer, & nephritis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) K. Mueller M. D.

June 2 1907 (Address) 1900 Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: June 3 1907

UNDERTAKER: John E Hourigo | ADDRESS: 1424 Parkwa

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 "

C 1522 Registered No. B C 1522

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 Cathedral Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise Goss Horwitz

{ Residence, if in Baltimore, Give Street and Number. } 504 Cathedral Street.

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Do not know

AGE Past Seventy years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Louisville

FULL NAME OF FATHER Samuel D. Goss

BIRTHPLACE OF FATHER (State or country) Easton. Pa.

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 504 Cathedral St.

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7" 1907 to June 1" 1907

that I last saw her alive on May 29" 1907,

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Heart obstruction

(DURATION) 3 DAYS

Contributory (Primary.) Pernicious Anemia (DURATION) 4 Years DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date June 2" 1907

Place of Burial London Park Cemetery

Date June 3" 1907

Undertaker Evans & Spence

Address 1184 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C 1523 Registered No. B C 1356
56

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Dash

{Residence, if in Baltimore, Give Street and Number.} No 120 S. Monroe St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 2 1839

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert Dash.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Silver Smith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 1 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to June 1 1907 that I last saw h-- alive on June 1 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Alcoholism

(DURATION) ..... DAYS

Contributory (Primary) Cirrhosis Alcoholism. Chronic diffuse Nephritis

(Signed) R R Vonne M.D.

Address Bayview Hospital

Date June 2 1907

Place of Burial Western Cem.

Date June 3 1907

Undertaker A. Frank & Son

Address 916 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1524 Registered No. B C 1524

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 S. Madeira St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edith Trusty

{ Residence, if in Baltimore, Give Street and Number. } 207 S Madeira St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1

AGE — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Lawrence Trusty

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Edith Howard

BIRTHPLACE OF MOTHER (State or country) P.A.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Edith Trusty

(Address)

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to June 1 1907

that I last saw h alive on June 1 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ex Lanstroi

(DURATION) DAYS

Contributory (Primary) Inanitori

or Marasmus (DURATION) DAYS

(Signed) W. E. Lasogue M.D.

Address 2140 E Pratt St

Date June 2nd 1907

Place of Burial Laurel

Date June 3 1907

Undertaker R A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 11

C 1525

Registered No. B C 1525

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Evans

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 14 days

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Severn Evans

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Delia Evans

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Fisherman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David B Evans

(Address) Crisfield Md

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to June 1 1907

that I last saw ~~him~~ alive on June 1 1907,

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) myocarditis

& nephritis (DURATION) DAYS

(Signed) E W White M.D.

Address University Hospital

Date Balto June 3rd 1907

Place of Burial Crisfield-Somerset Co

Date June 3 1907

Undertaker Jas B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B C 1526

C 1526

CERTIFICATE OF DEATH.

61 ✓

(Place of Death.) No. 206 N. Rose St — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Vanko

{Residence, if in Baltimore, Give Street and Number.} # 206 N. Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. — COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Vanko

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Marschalek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Jan Vanko

(Address) 206 N Rose st

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from May 25th 1907 to June 1 1907

that I last saw h.. alive on May 30th 1907,

and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Cerebro Spinal Meningitis

(DURATION) 4 DAYS

(Signed) A. E. Lytle M.D.

Address 1204 E Monument St.

Date June 1st 1907

Place of Burial Oak Hill

Date June 3 1907

Undertaker Frank Enoch

Address 1904 Eutaw pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of ...

Ward 14 — C 1527 — Registered No. B C 1527

CERTIFICATE OF DEATH.

274

(Place of Death.) No. 700 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Lanes.

{Residence, if in Baltimore, Give Street and Number.} 700 W. Saratoga St.

Duration of Residence in Baltimore. Ten Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: 1879	
AGE: 28 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Dave Williams
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Sallie Madison
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Williams

(Address) 700 W. Saratoga St

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 11th 1907 to June 1st 1907

that I last saw her alive on May 31 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 60 DAYS

Contributory (Primary.)

Bronchitis (DURATION) 90 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date June 2d 1907.

Place of Burial New Cathedral

Date June 3 — 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, etc.

Ward V C 1528 Registered No. B C 1528

1797

CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 Alicanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wiktoryi Klonicka

{ Residence, if in Baltimore, Give Street and Number. } 1734 Alicanna al.

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 23 1877 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Andrze Nizenk

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Agnisha Cibulska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrze Nizenk

(Address) 1734 Alicanna St

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 329 N Green st

Date June 2nd 1907

Place of Burial Holy Rosary

Date June 5 1907

Undertaker Joseph Zborowski

Address 1742 Canton ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1529 Registered No. B C 1529

CERTIFICATE OF DEATH.

194

(Place of Death.) No. 716 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Kemp

{Residence, if in Baltimore, Give Street and Number.} 716 Greenmount Ave.

Duration of Residence in Baltimore. 25 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas L. Kemp.

(Address) 716 Greenmount ave

Filed 6/3 1907 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2d 1907

I HEREBY CERTIFY, That I attended deceased from June 190 to June 190

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 216 N. Caroline St

Date June 2d 1907

Place of Burial Loudon Park

Date June 4 1907

Undertaker Wm. Cook

Address 1502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 1530 Registered No. B [illegible] 109 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 536 Calvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Hammel

{Residence, if in Baltimore, Give Street and Number.} 536 Calvin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 10 Aug. 1905

AGE: 1 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm E. Hammel

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary A Dowohme

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Hammel

(Address) 1031 Hollen St

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to June 2 1907

that I last saw h-r alive on June 1 1907,

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

exhaustion.

(DURATION) DAYS

Contributory (Primary) Intestinal atrophy.

with malnutrition (DURATION) 6 mos DAYS

(Signed) M. L. Ford M.D.

Address 202 E Monument St

Date 6/2 1907

Place of Burial Mt Hebron Cem

Date June 5 1907

Undertaker Wm Wood & Son

Address 602 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 1531 Registered No. B C 1531

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Tilghman

{Residence, if in Baltimore, Give Street and Number.} 435 N. Bradle St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 49 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 31 1907

that I last saw her alive on May 31 1907

and that death occurred, on the date stated above, at 7.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S Krause M.D.

Address Johns Hopkins Hospital

Date June 3 1907

Place of Burial Mt Auburn

Date June 3 1907

Undertaker Alex H Hensley

Address 574 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1532 Registered No. B C 1532

42

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Luke's Hospital 116 N. North Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Krantz

{ Residence, if in Baltimore, Give Street and Number. } 327 W. Hoffman St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 26 th 1845

AGE 61 years, 8 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Manchester Carroll Co Maryland

FULL NAME OF FATHER John Krantz

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Savilla Everhart

BIRTHPLACE OF MOTHER (State or country) Manchester Carroll Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. A. Roberts

(Address) 517 W. Mulberry St.

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to June 1907

that I last saw h er alive on June 2, 1907,

and that death occurred, on the date stated above, at 4.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Acute nephritis (DURATION) several months

(Signed) E. Z. Cole M.D. Edwin M. Brinebaker M.D.

Address 1534 Mt. Royal Ave or 1709 Madison ave

Date June 2 1907

Place of Burial Green Mt. Cemetery

Date June 5th 1907

Undertaker Stewart & Brown Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C 1533 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Freida Levy

{Residence, if in Baltimore, Give Street and Number.} 308 S. Calhoun St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Sam Levy

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Levy

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sussman Levy

(Address) 308 S Calhoun st

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 2 1907 that I last saw h alive on June 2 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Ulceration

(DURATION) DAYS

Contributory (Primary.) [redacted]

(DURATION) DAYS

(Signed) John E Lound M.D.

Address 1307 W. Lombard

Date June 2 1907

Place of Burial Ebrua Washington Rd

Date June 3 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1534

City of Baltimore, (No. 1303, E. Eager St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Neubauer

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Aug. (Month) 12 (Day) 1905 (Year)
AGE	... years, 20 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Conrad Neubauer
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Catharine Neutig
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Neubauer father

(Address) 1303 E. Eager St.

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 1st. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 31. 1907 to June 1st. 1907

that I last saw him alive on June 1st. 1907,

and that death occurred, on the date stated above, at 10 o'clock P. M. The CAUSE OF DEATH was as follows:

(Teething) Teething

(DURATION) 3 DAYS

Contributory External Causes

(DURATION) one DAYS

(Signed) E. J. Lebold M. D.

190 (Address) 1001 Fairmount Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 3 1907
UNDERTAKER	ADDRESS
Henry Hoeckthaus	1301 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C 1535

Registered No. B C 1535

114 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2007 E. Pratt St. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Celia Townsend

{ Residence, if in Baltimore, Give Street and Number. } 2007 E. Pratt St.

Duration of Residence in Baltimore. life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March 4th 1847

AGE: 60 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob Lightner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Townsend

(Address) 2007 E. Pratt St.

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15. 1906 to May 31 1907

that I last saw her alive on May 31 1907.,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Jaundice &

Complications

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred Wheeler M.D.

Address 1721 Carlton Ave

Date May 31, 1907

Place of Burial Greenmount CEMETERY.

Date JUN 3 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

13

HEALTH DEPARTMENT, CITY OF BALTIMORE. 1544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 1536

Registered No. B.....

City of Baltimore, (No. 2806 Parkwood ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Kirkman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 10 (Day) 1824 (Year)

AGE: 82 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md. Baltimore

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Don't Know

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Don't Know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John W Wilson

(Address) 2806 Parkwood Ave

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 27th 1907 to Jun 1st 1907 that I last saw h[illegible] alive on Jun 1st 1907, and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) G Emerson Jones M.D.

1907 (Address) 624 Forrest ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: June 3rd 1907

UNDERTAKER: D Bertram Boze

ADDRESS: 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 1537 Registered No. B 1374

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 N. Madison, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Hand

{Residence, if in Baltimore, Give Street and Number.} Centreville, Md.

Duration of Residence in Baltimore. Since

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Queen Anne Co. Md

FULL NAME OF FATHER James Hand

BIRTHPLACE OF FATHER (State or country) Queen Anne Co.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Queen Anne Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. W Addins

(Address) Centreville Md

Filed 6/3/1907 HARRY O. ANDREW, REGISTER, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 1907

I HEREBY CERTIFY, That I attended deceased from May 28, 1907 to June 1 1907 that I last saw her alive on June 1 1907, and that death occurred, on the date stated above, at 7-0 A. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Septicaemia

(DURATION) 3 DAYS

Contributory (Primary) Heart failure

(DURATION) DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hosp. 1908

Date June 1 1907

Place of Burial Chesterfield Cemetery. Centreville Md.

Date June 4 " 1907

Undertaker Matthew Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 7 — C 1538 Registered No. B — C 1538

1531

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Wilkuszewski

{Residence, if in Baltimore, Give Street and Number.} 1629 Lancaster St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: years, months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Joseph Wilkuszewski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary Nowacka

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Wilkuszewski

(Address) 1629 Lancaster St

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) ..... DAYS

Con ributory (Primary)

(DURATION) ..... DAYS

(Signed) Thomas Sudlin M.D.

Address 320 N Greene St

Date June 3 1907

Place of Burial St Stanislaus

Date June 3 1907

Undertaker Jacob Fralkowski

Address 428 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 1539 Registered No. B C 1559

CERTIFICATE OF DEATH. 27 ✓

Place of Death.) No 1709 N Bradford St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles Sachs Jr

{ Residence, if in Baltimore, Give Street and Number. } 1709 N. Bradford St.

Duration of Residence in Baltimore. 8 ~~years~~ Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 18 1861

AGE: 45 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Md. Balto.

FULL NAME OF FATHER: Charles Sachs Sr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Cufel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Sachs, Jr

(Address) 1709 N. Bradford

Filed 6/3 1907 MARK C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 1 1907.

I HEREBY CERTIFY, That I attended deceased from May 26, 1907 to May 31, 1907 that I last saw him alive on May 31, 1907, and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) ? DAYS

(Signed) S. Lee Magness M.D.

Address 1244 N. Gay St

Date June 1, 1907.

Place of Burial Bachmanstown Cemetery

Date June 3 1907

Undertaker Robt J Timmis

Address 19 Gay Falls Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1540 Registered No. B C 1540

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Heller

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W.
DATE OF BIRTH	Oct 7th 1831
AGE	75 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Frank Heller
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Elizabeth Heller
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy cMary

(Address) Preston & Valley sts

Filed 6/3 1907 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h on alive on May 31 1907,

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Disease of Heart

(DURATION) DAYS

Contributory (Primary.) Arterio-sclerosis

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date June 3 1907

Place of Burial St Alphonsus

Date June 4 1907

Undertaker H. C. Windfield

Address 914 Gunmit. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 1541 Registered No. B C 1541

61

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Reeder

{ Residence, if in Baltimore, Give Street and Number. } 917 Low St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Col.

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Reeder

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cora Keys

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Alice Turner

(Address) Washington Ave

Filed 6/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to June 3rd 1907

that I last saw h[illegible] alive on June 3rd 1907, and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm G. Dorsey M.D.

Address City Hospital

Date June 3rd 1907

Place of Burial Washington Lee

Date June 3 1907

Undertaker W F Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward .....

C 1542

Registered No. B C 1542

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 Solyer Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonina Kisanowska

{Residence, if in Baltimore, Give Street and Number.} 5 Solyer Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: June 1st 1868	
AGE: 39 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	[illegible]
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	[illegible]
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Packing Stuffing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Studnicki Husband

(Address) 5 Solyer Court St

Filed 6/3/07 190..

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... June 190 7

I HEREBY CERTIFY, That I attended deceased from March 190 7 to June 3 190 7

that I last saw h.. alive on June 190 7,

and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cachexia

..... (DURATION) ..... DAYS

Contributory (Primary.) Cancer of Breast Metastatic Carcinomatosis (DURATION) 365 DAYS

(Signed) Leo A. Schwab M.D.

Address 1114 Chesapeake St

Date June 3 190 7

Place of Burial St. Stanislaus.

Date JUN - 4 1907 190

Undertaker M. F. SADOWSKI

Address 703 So. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C 1543

C 1543

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Ashland Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred W. Simms

{Residence, if in Baltimore, Give Street and Number.} 1512 Ashland av.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Oct. 6, 1906 1

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: William Simms

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Lula Howard

BIRTHPLACE OF MOTHER (State or country): Baltimore md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Banks

(Address) 1512 Ashland ave

Filed 6/3/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 2 - 1907.

I HEREBY CERTIFY, That I attended deceased from May 31 - 1907 to June 2 - 1907 that I last saw her alive on June 1 - 1907 and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular meningitis

2 months (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline St.

Date June 2nd 1907.

Place of Burial Mt. Zion Cemetery

Date June 4th 1907

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 1544 Registered No. B C 1544

CERTIFICATE OF DEATH.

42

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 1723 Brunt St

Duration of Residence in Baltimore. 37 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	Col.
DATE OF BIRTH	1
AGE	54 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Wd.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Cole.

(Address) 1723 Brunt St.

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 23 1907 to June 2 1907 that I last saw her alive on June 2 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fibroid Collapse following Carcinoma of Pelvic organs - Peritonitis - Septic Infection

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Uterus

(DURATION) DAYS

(Signed) Wm A Dorsey M.D.

Address City Hospital

Date June 2 1907

Place of Burial Cathedral Cemetery

Date June 5th 1907

Undertaker Felix B Pye

Address 1026 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 1545

City of Baltimore, (No. 2121 N. Charles St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William F Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Oct (Month) 22 (Day) 1858 (Year)

AGE: 48 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city Md

FULL NAME OF FATHER: George C Turner

BIRTHPLACE OF FATHER (State or country): Balto city Md

MAIDEN NAME OF MOTHER: Mary Elizabeth Robinson

BIRTHPLACE OF MOTHER (State or country): Balto city Md

OCCUPATION OF DECEASED: Real Estate Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris R Robinson

(Address) 2337 Edmondson Ave

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to June 1st 1907 that I last saw him alive on June 1st 1907, and that death occurred, on the date stated above, at 1-15 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory Pneumonia

(DURATION) — DAYS

(Signed) H. M. Fair M. D.

June 2nd 1907 (Address) 12 E. 25th City

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mt.

DATE OF BURIAL: June 4 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of

Ward 14 C 1546 Registered No. B C 1546

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Beatrice Sampleton,

{Residence, if in Baltimore, Give Street and Number.} St Vincent. Infant Asy

Duration of Residence in Baltimore. Infant

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	Aug 2nd 1906
AGE	years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from May 7th 1907 to June 1st 1907

that I last saw her alive on May 11th 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) 1230 N Caroline St M.D

Address C. H. Hayward

Date ~~1230 N Caroline~~ 1907

Place of Burial Mt. V. Cathedral

Date June 4th 1907

Undertaker Martin Fahey & Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of [illegible]

Ward 14 C 1547 Registered No. B C 1547

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Davis

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infy Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Apr. 15th 1907
AGE	..... years, 1 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. I. Asy

Filed 6/3 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from April 15th 1907 to June 1st 1907

that I last saw him alive on June 1st 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carolines

Date 6/2 1907

Place of Burial New Cathedral

Date June 4th 1907

Undertaker Martin Fahey & Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 14 C 1548 Registered No. B C 1548

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Mary Smith

{ Residence, if in Baltimore, Give Street and Number. } St Vinct. Infant asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	Apr 25 1907
AGE	..... years, 1 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/3 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Apr 25th 1907 to June 1st 1907

that I last saw her alive on " " 1907

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date 6/2 1907

Place of Burial New Cathedral

Date June 4th 1907

Undertaker Martin Fahey & Sons

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C 1549 Registered No. B C 1549

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 3351 Brach Ave. Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Heeren E. Wenzel

{ Residence, if in Baltimore, Give Street and Number. } 3351 Brach ave Hampden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 26th 1907

AGE ..... years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Joshua H. Wenzel

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Agusta Meisel

BIRTHPLACE OF MOTHER (State or country) Montgomery Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua H. Wenzel

(Address) 3351 Brach ave

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to June 2 1907 that I last saw her alive on June 2 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis + Intestinal catarrh

(DURATION) 17 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Chas. H. Burnett, M.D.

Address 1100 W. Lafayette ave

Date Balto. June 2 1907

Place of Burial London Park

Date June 4th 1907

Undertaker G. F. Walker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 1550 Registered No. B C 1550

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 3027 Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anderson H. Fiscel

{ Residence, if in Baltimore, Give Street and Number. } 3027 Walbrook Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Oct 27 1841

AGE 65 years, 5 months, 6 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER John Fiscel

BIRTHPLACE OF FATHER (State or country) Carlisle Pa

MAIDEN NAME OF MOTHER Catherine Bedelman

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Deputy Sheriff

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sally C Cromwell

(Address) 302 Walbrook Ave

Filed 6/3 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to June 2nd 1907 that I last saw him alive on June 2nd 1907, and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy & Dilatation of Heart

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Apple M.D.

Address 701 Hanover Ave

Date June 3rd 1907

Place of Burial London Park

Date June 4 1907

Undertaker Jos B Cook

Address 1003 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. BC 1551

City of Baltimore, (No. 2422 Linden Ave. St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dr. Wm. C. Klowan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby (Month) 17th (Day) 1835 (Year)

AGE: 72 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Felix Klowan

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Briding

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. W.C. Klowan

(Address) 2422 Linden ave.

Filed 6/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 25th 1907 to June 2 1907 that I last saw h[illegible] alive on June 2 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Heart disease, ending probably, with thrombosis.

(DURATION) — DAYS

Contributory Arteriosclerosis

(DURATION) — DAYS

(Signed) Eugene Douglass M. D.

June 2nd 1907 (Address) 820 W. Monument Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cem | DATE OF BURIAL: June 4 1907

UNDERTAKER: E.M. Mitchell | ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C 1552 Registered No. B C 1552

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1412 Towson Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Irene Miller

{Residence, if in Baltimore, Give Street and Number.} 1412 Towson St.

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 21 ~~June~~ May 1883

AGE: 24 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John W. Sullivan

BIRTHPLACE OF FATHER (State or country): New York City

MAIDEN NAME OF MOTHER: Rosa Brown

BIRTHPLACE OF MOTHER (State or country): W. Virginia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick J Miller

(Address) 1412 Towson St.

Filed 6/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 June 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to 1st June 1907

that I last saw h Er alive on 31 May 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate):

Tuberculosis of Lungs

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) James Cooper M.D.

Address 1322 Hull St.

Date 1st June 1907

Place of Burial Holy Redeemer Cmetry

Date June 4 1907

Undertaker E. SNYDER & SONS,

Address 1203-1210 Carlton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C1553 Registered No. B [illegible]

CERTIFICATE OF DEATH. 794

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa King

{Residence, if in Baltimore, Give Street and Number.} 2212 Cambridge Ave.

Duration of Residence in Baltimore. 68 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 12th 1838

AGE: 68 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/8 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 2 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 2 1907 that I last saw h[illegible] alive on June 2 1907, and that death occurred, on the date stated above, at 1.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage into internal Capsule of brain, Pleurisy

(DURATION) DAYS

Contributory (Primary) Mitral regurgitation (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital.

Date June 3 1907

Place of Burial ~~Mt. Auburn~~ Cemetery

Date June 5th Trinity 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1510

CERTIFICATE OF DEATH.

Registered No. B C 1554

City of Baltimore, (No. 633 n Luzerne St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Louise Cain

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH June (Month) 2 (Day) 1907 (Year)

AGE ..... years, ... months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) 533 N. Luzerne St.

FULL NAME OF FATHER Jno. B. Cain

BIRTHPLACE OF FATHER (State or country) Harford Co. Md.

MAIDEN NAME OF MOTHER Mechem

BIRTHPLACE OF MOTHER (State or country) Harford Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Cain

(Address) 533 N. Luzerne St.

Filed June 4 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 12.30 June 1907 to 6.30 June 2 1907 that I last saw h alive on June 2 1907, and that death occurred, on the date stated above, at 6.30

P. M. The CAUSE OF DEATH was as follows:

Premature birth as result of placenta previa. Time of gestation about 34 mths (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) [illegible] M. D.

June 3 1907 (Address) 1039 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Belair Harford Co. Md.	190
UNDERTAKER	ADDRESS
H. W. Means & Son	805 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 14 C 1555 Registered No. B C 1555

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 405 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Satchel

{Residence, if in Baltimore, Give Street and Number.} 405 N. Vincent

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Satchel

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Johnson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thomas

(Address) 405 N Vincent

Filed 6/4/07 190

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190

that I last saw h alive on 190 83

and that death occurred, on the date stated above, at a M. CAUSE OF DEATH (Secondary or Immediate

Phthis Pulmonalis

(DURATION) 2yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas E Jones M.D. Coroners

Address

Date June 2nd 1907

Place of Burial Mt Auburn

Date June 4 1907

Undertaker Wm J Hammond

Address 611 E Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 1556 Registered No. B C 1556

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 421 E 24th st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie E Cox

{Residence, if in Baltimore, Give Street and Number.} 421 E 24th st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 23rd 1880

AGE: 26 years, 6 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Parker

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Sophia Zang

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James T. Cox Husband

(Address) 421 E 24th st

Filed 6/4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to June 3 1907

that I last saw h[illegible] alive on Jun 2 1907,

and that death occurred, on the date stated above, at 6.60 a.m. CAUSE OF DEATH (Secondary or Immediate)

exhaustion.

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis 1 year

(DURATION) DAYS

(Signed) W. L. Ford M.D.

Address 1302 E Monument st

Date June 3 1907

Place of Burial Baltimore Cemetary

Date June 6th 1907

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 1557 Registered No. B C 1557

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Eubert

{Residence, if in Baltimore, Give Street and Number.} 803 Greenmount ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 18th 1849

AGE: 57 years, 4 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Adam Eubert

BIRTHPLACE OF FATHER (State or country): dont know

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Street Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza A Eubert

(Address) 803 Greenmount ave

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 2 1907 that I last saw h[illegible] alive on June 2 1907, and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Atheroma.

(DURATION) DAYS

(Signed) M. L. Ford M.D.

Address 1202 Monument St.

Date June 2 1907

Place of Burial Baltimore Cemetary

Date June 5th 1907

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

29 V

CERTIFICATE OF DEATH.

Registered No. B C 1558

City of Baltimore, (No. Hebrew Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mr. Isaac Katzoff

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	May — 1876 (Month) (Day) Year
AGE	31 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Charlottsville Va.
FULL NAME OF FATHER	Joseph Katzoff
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Rachel Wilenschik
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. C. Katzoff M.D.

(Address) 116 N. Gilmor St.

Filed 6/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May June 4th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 9th 1907 to June 4th 1907 that I last saw h[illegible] alive on June 4th 1907, and that death occurred, on the date stated above, at 1.30 a.m. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 7 DAYS

Contributory Post Peritonal Tuberculosis (DURATION) 6 weeks

(Signed) Chas. Reglar Jr. M. D.

June 4 1907 (Address) Hebrew Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 116 N. Gilmor St How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Charlottsville Va	June 4 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Ward 8 C 1559 Registered No. B C 1559

CERTIFICATE OF DEATH. 190-

(Place of Death.) No. Linden ave & Madeira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Bessie Mitchell

{Residence, if in Baltimore, Give Street and Number.} 232 Amity St.

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Samuel Green

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mitchell

(Address) 232 Amity

Filed 6/4 190 7

HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 1907

I HEREBY CERTIFY, That I attended deceased from May 9 1907 to June 1 1907 that I last saw her alive on June 1 1907 and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure, Acute dilatation of right side

Hypostatic Congestion of Lungs

(DURATION) 3 DAYS

Contributory (Primary.) Fatty Degen of Liver

Two years (?) (DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. LaFayette ave

Date June 1" 1907

Place of Burial Mt Auburn

Date 6/4 1907

Undertaker Alex Hunsberger

Address 5780 Bland

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

125

CERTIFICATE OF DEATH.

Registered No. BC 1560

City of Baltimore, (No. 1215 Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Nicholson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo H Nicholson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Nicholson

(Address) 1215 Park Ave

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to June 3 1907

that I last saw h[im] alive on June 3 1907,

and that death occurred, on the date stated above, at 7 13 A. M. The CAUSE OF DEATH was as follows:

Uraemic Convulsions

Chr. Brights ..... (DURATION) ..... DAYS

Contributory Cerebral Ips 6 hours (DURATION) ..... DAYS

(Signed) Robt W. Mifflin M. D.

June 4 1907 (Address) 1016 Mad ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL Laurel — DATE OF BURIAL 6/5 1907

UNDERTAKER Alex Hensley — ADDRESS 578 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

Ward 13 C 1561 Registered No. B C 1561

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 7444 Thirty-fifth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth W. Hamilton

{Residence, if in Baltimore, Give Street and Number.} 7444 - 35th St.

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 15 — 1840

AGE: 66 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John W. Hutchins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Wesley

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arabella Butters

(Address) 320 Elsmere Ave

Filed 6/4/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 2 1907 that I last saw h[illegible] alive on June 2 1907 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Shock
Exhaustion

(DURATION) 8 hrs

Contributory (Primary.) Strangulation

(DURATION) 2 DAYS

(Signed) Harry C. Haynes M.D.

Address 340 Roland Ave

Date June 2 1907

Place of Burial Presb. Cemetery, Govans-Balto Co

Date June 5 — 1907

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1562

City of Baltimore, (No. 1946, Herbert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Wilhelmina Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 18 1865 (Month) (Day) (Year)

AGE: 42 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Mr Helmker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson Bennett

(Address) 1946 Herbert St

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 3 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to Date 1907 that I last saw h[er] alive on May 31 1907 and that death occurred, on the date stated above, at 130 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs
Consumption
9 Months (DURATION) DAYS
Contributory Wasting & Weakness
5 to 6 Mo (DURATION) DAYS

(Signed) E A Smith M. D.
June 3 1907 (Address) 1605 N Mont[gomery] Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: June 5th 1907

UNDERTAKER: Jos. Bentz | ADDRESS: 554 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 1563 Registered No. B C 1563

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 Wilkens alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Omara

{Residence, if in Baltimore, Give Street and Number.} 210 Wilkens alley

Duration of Residence in Baltimore. 30

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Banks

(Address) 903 Warner St

Filed 6/4 1907 HARRY G. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1907

I HEREBY CERTIFY, That I attended deceased from May 29 1907 to June 2 1907

that I last saw her alive on June 2 1907

and that death occurred, on the date stated above, at 12

11. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis 96

5 weeks (DURATION) DAYS

Contributory (Primary.) Heart Failure

5 hours (DURATION) DAYS

(Signed) A H Force M.D.

Address A H Force

Date 4/28 Stark 1907

Place of Burial Mt. Auburn June 2 1907

Date June 4 1907

Undertaker Jno. N. Toadvine

Address 142 Wilkens St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 1564 Registered No. B C 1564

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 301 Stemmers rd St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Motta

{ Residence, if in Baltimore, Give Street and Number. } 301 Stemmers rd.

Duration of Residence in Baltimore. 21 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 47 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Joseph Motta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Motta

(Address) 301 Stemmers rd

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1904 to June 1907 that I last saw h[er] alive on June 2 1907, and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

Nephritis, Chronic (Autopsy) (DURATION) 2 yrs DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) Wm. F. Bradley M.D.

Address 827 Augusta

Date June 3 1907

Place of Burial Holy Rosary

Date June 5th 1907

Undertaker Wendell Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 13 C 1565 Registered No. B C 1565

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 Wall Ave (Woodberry) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H. Benson

{ Residence, if in Baltimore, Give Street and Number. } 70 Years 16 Wall Ave

Duration of Residence in Baltimore. 70 Yeas.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 5 1844

AGE 63 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER W H Benson

BIRTHPLACE OF FATHER (State or country) Montgomery Co Md

MAIDEN NAME OF MOTHER Jane Thail

BIRTHPLACE OF MOTHER (State or country) Montgomery Co Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M J Benson

(Address) 16 Wall Ave

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to June 2 1907

that I last saw h[illegible] alive on June 1 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O W Smith M.D.

Address 206-3rd ave

Date June 4th 1907

Place of Burial St Mary's

Date June 4 1907

Undertaker A J Mansell

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 1 C 1566 Registered No. B C 1566

CERTIFICATE OF DEATH.

(Place of Death.) No. Old General Hospital Linden ave & Madison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgia Swartz -

{Residence, if in Baltimore, Give Street and Number.} 703 4th ave

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 21 1879

AGE 27 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Stafford Co Va

FULL NAME OF FATHER Absolom M Swartz

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary F. Proctor

BIRTHPLACE OF MOTHER (State or country) Stafford Co Md

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Harry B Swartz

(Address) 1319 N Fulton Ave

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to June 4 1907

that I last saw h alive on June 4 1907

and that death occurred, on the date stated above, at 4 55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema

(DURATION) 4 DAYS

Contributory (Primary.) Cerebral embolism (DURATION) 4 months DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. La Fayette

Date June 4 1907

Place of Burial Belair Md

Date June 6 1907

Undertaker F S Marshall

Address 539 Fells Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1567 Registered No. B C 1567

CERTIFICATE OF DEATH.

(Place of Death.) No. 703 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. William bole

{Residence, if in Baltimore, Give Street and Number.} 703 Mc Henry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 4th 1872

AGE: 34 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): bity

FULL NAME OF FATHER: John A. bole

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Caroline Synder

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Caroline bole

(Address) 703 Mc Henry

Filed 6/4 1907

HARRY C. ANDREW, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 1907

I HEREBY CERTIFY, That I attended deceased from May 4th 1907 to June 1st 1907

that I last saw him alive on June 1st 1907

and that death occurred, on the date stated above, at 8:30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) 365 DAYS

Contributory (Primary.) Intestinal Tuberculosis (DURATION) 60 DAYS

(Signed) J. H. Hoffman M.D.

Address 702 W. Fayette St

Date June 3-07 1907

Place of Burial Loudon Park

Date June 4 1907

Undertaker Wm. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 1568 C 1568

Ward 7 Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A. Lang

{ Residence, if in Baltimore, Give Street and Number. } 538 Conway St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 30th 1860

AGE 46 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Jacob Lang.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Louisa Reidinger

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Lawyer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma L. Lloyd.

(Address) 520 W. Barre St.

Filed 6/4 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 11 1907 to June 3 1907

that I last saw h alive on June 3 1907

and that death occurred, on the date stated above, at 8.10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary.) Cancer of Throat.

(DURATION) DAYS

(Signed) S. McLungerein M.D.

Address 602 N. Paca St.

Date June 4 1907

Place of Burial Loudon Park.

Date June 6th 1907

Undertaker Wm. Jas. John W. Leufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 1569 Registered No. B C 1569

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Ridgely St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Joseph Freckmann

{ Residence, if in Baltimore, Give Street and Number. } 912 Ridgely St.

Duration of Residence in Baltimore 44 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 5th 1826

AGE: 81 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dudenstadt Hanover Germy.

FULL NAME OF FATHER: Carl Freckmann

BIRTHPLACE OF FATHER (State or country): Dudenstadt Hanover Germy

MAIDEN NAME OF MOTHER: Josepha Tibrich

BIRTHPLACE OF MOTHER (State or country): Wornitz Hanover Germany.

OCCUPATION OF DECEASED: Tailer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. L. Rosenbusch

(Address) 19 E. S. Fremont St.

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2, 1907

I HEREBY CERTIFY, That I attended deceased from May 17, 1907 to June 2 1907 that I last saw h im alive on May 31, 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

several yrs. (DURATION) ~~DAYS~~

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 653 Columbia Ave

Date June 4, 1907

Place of Burial Lorraine Cemetery

Date June 5-th 1907

Undertaker Philip Seewald & Son

Address 19 E. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 20 — C 1570 — Registered No. B C 1570 — 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 Cottage Ave, Carroll Station St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ruth Babetta Werner

{Residence, if in Baltimore, Give Street and Number.} 13 Cottage Ave

Duration of Residence in Baltimore. 6 yrs - 2 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Wht

DATE OF BIRTH Mch 19 1901

AGE 6 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Gustav Werner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margt Callor

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Werner

(Address) 13 Cottage Ave

Filed 6/4/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907

I HEREBY CERTIFY, That I attended deceased from Mch 2 1907 to June 3 1907

that I last saw h-- alive on June 3 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Rheumatic Endo - Cardetis - Cardiac Dilatation

3 mos (DURATION) DAYS

Contributory (Primary) Asthenia

1 Mo (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette

Date June 4 1907

Place of Burial Loudon Park Cemetery

Date June 5th 1907

Undertaker Phila. Steuart & Son

Address 119 E Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 C 1571 Registered No. B [illegible] 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Hanover Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Jane Gerhardt

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 10 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER William Carter

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER Absie Olmen

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Hughes

(Address) 473 Broadway

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 3 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to Jun 3 1907 that I last saw him alive on Jun 2 1907, and that death occurred, on the date stated above, at 1245 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy, Falling Cardiac Dropsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Feldmeier M.D.

Address 211 W. Lanvale

Date Jun 3 1907

Place of Burial Baltimore. CEMETERY.

Date JUN 6 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward V

C 1572 Registered No. B C 1572

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. 1708 E Pratt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Ann Lewis

{Residence, if in Baltimore, Give Street and Number.} 1708 E Pratt St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N J.

FULL NAME OF FATHER: — Dodge

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Louis Pratt

(Address) 1708 E Pratt St.

Filed 6/4 1907

HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to June 3, 1907

that I last saw her alive on June 2, 1907,

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(Dropsy)

(DURATION) DAYS

Contributory (Primary.) Dilated Heart

(DURATION) DAYS

(Signed) E B Mitton M.D.

Address 1711 E Baltimore St

Date June 4th 1907

Place of Burial Oak Lawn Cemetery

Date JUN 5 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1573 Registered No. B

CERTIFICATE OF DEATH.

40 ✓

(Place of Death.) No. 14 St Dunbar St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Johnson

{Residence, if in Baltimore, Give Street and Number.} 114 N. Dunbar St

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Silas B Jones

(Address) 506 Rogers Ave

Filed 6/4 1907 Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from May 29 1907 to June 2 1907 that I last saw her alive on June 2 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) W. T. Elmer M.D.

Address 1731 E. Baltimore St

Date June 4 1907

Place of Burial Laurel Cemetery

Date June 4 1907

Undertaker R. M. Gallion

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C 1574 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 Lyon St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Geo V Bond Jr

{Residence, if in Baltimore, Give Street and Number.} 319 Lyon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unk

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo V Bond

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mamie Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo V Bond

(Address) 319 Lyon St

Filed 6/4/ 1907 W. L. B. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 3 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date June 4 1907

Place of Burial Laurel Cemetery

Date June 5 1907

Undertaker R S Elliott

Address 506 Rogers Ave

V.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

1764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1575

City of Baltimore, (No. 1603 N Dallas St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harvey F. Trimnich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 18th (Day) 1901 (Year)

AGE: 6 years, months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Franklin P. Trimnich

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine Meyers

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin P. Trimnich

(Address) 1603 N Dallas St

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1903 to June 3rd 1907

that I last saw him alive on 11 11 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Sept-5th 1903, fell-Tin Leg in Tinned Pipe, X-Rays were taken at Hopkins, St Joseph Hospital at both places, unable to remove it. I frequently saw him (DURATION) DAYS

Contributory After death, I found large Abscess in right-Bronchial Tube (DURATION) DAYS

(Signed) [signature] M. D.

6-3-1907 (Address) 25 W Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: June 5 1907

UNDERTAKER: E Schlosman & Son

ADDRESS: 1039 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 1576 Registered No. B C 1576

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 E Biddle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Garrity

{Residence, if in Baltimore, Give Street and Number.} 702 E. Biddle

Duration of Residence in Baltimore. About 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown 1834

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Francis Walsh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brady

(Address) 702 E Biddle St

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1907

I HEREBY CERTIFY, That I attended deceased from About June 1902 to 2nd June 1907 that I last saw her alive on about 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1/2 DAYS

Contributory (Primary.) Cerebral hemorrhage

(DURATION) about 1500 DAYS

(Signed) Geo. D. Reynolds M.D.

Address 809 N. Charles St

Date June 5th 1907

Place of Burial St Peters

Date June 5th 1907

Undertaker A. F. Phelps

Address 1711 McCulloh

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C1577 Registered No. C 1577

CERTIFICATE OF DEATH.

(Place of Death.) No. 368 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel Stewart

{ Residence, if in Baltimore, Give Street and Number. } 368 Fremont Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Presstman St

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to June 1st 1907

that I last saw him alive on June 1st 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Hourd M.D.

Address 1922 Bk Cr

Date June 2nd 1907

Place of Burial Mt Hope

Date May 4th 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 1578

Ward 20 C 1578 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor. Balto & Calvert Sts Eutaw Drawbridge Bay View Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

To 2014 Wilkins Ave

Full Name John F. Bruce

{ Residence, if in Baltimore, Give Street and Number. } 2014 Wilkins Ave

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Mch 1861

AGE 46 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Piedmont W Va

FULL NAME OF FATHER John W Bruce

BIRTHPLACE OF FATHER (State or country) Balto md

MAIDEN NAME OF MOTHER Rachael A Duff

BIRTHPLACE OF MOTHER (State or country) Balto md.

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Geo L Bruce

(Address) 1058 W Fayette St

Filed 6/4 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3. 1907

I HEREBY CERTIFY, That I attended deceased from May 27. 1907 to June 3 1907 that I last saw him alive on June 3 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H M Dunnuday M.D.

Address Bay View Asylum

Date June 3 1907

Place of Burial Piedmont W Va

Date June 5 1907

Undertaker Jos B Cook

Address 103 N Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1579

City of Baltimore, (No. 507 N Arlington Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles C Cromwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wh

DATE OF BIRTH: June (Month) 2 (Day) 1907 (Year)

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto-

FULL NAME OF FATHER: Charles C Cromwell

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary V Daiger

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas C Cromwell

(Address) 507 N Arlington Ave

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jun 2 1907 to Jun 3 1907

that I last saw h— alive on Jun 2 1907,

and that death occurred, on the date stated above, at 2.15 P. M. The CAUSE OF DEATH was as follows:

Failure of Circulation
Probably from dilatation
heart

(DURATION) 1 DAYS

Contributory

(DURATION) DAYS

(Signed) Jos H Bruelmann M. D.

Jun 3 1907 (Address) 2200 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: June 4 1907

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 W Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death.*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 1580 Registered No. B C 1580

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Adolphus Forrest

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W.
DATE OF BIRTH: March 21st 1830	
AGE: 77 years, 2 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): France	
FULL NAME OF FATHER: Rodolphe Forrest	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Charles Fisher	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Tailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on May 31 1907,

and that death occurred, on the date stated above, at 6.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Septicaemia

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date June 3 1907

Place of Burial Holy Cross

Date June 5 — 1907

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during **twenty-four hours after death.** to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

7+

CERTIFICATE OF DEATH.

Registered No. B C 1581

City of Baltimore, (No. 1171, Dexter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Knaus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 22 nd. 1906 (Month) (Day) Year)

AGE: ..... years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John G Knaus

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary C Stevens

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knell

(Address) 917 Columbus Av

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 3 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 2 1907 to June 3 1907 that I last saw him alive on June 3 1907, and that death occurred, on the date stated above, at 9.40 P. M. The CAUSE OF DEATH was as follows:

Convulsions

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Walter A Dorf M. D.

6-4 1907 (Address) 1705 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Hill Park	June 5 1907
UNDERTAKER	ADDRESS
A Knell & Son cemetery	807 Columbus Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B C 1582

City of Baltimore, (No. 2554 Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John G. M. Lippert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 24 (Day) 1859 (Year)

AGE: 47 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter Lippert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes J. Lippert

(Address) 2554 Baltimore st

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to June 3 1907 that I last saw h~~im~~ alive on June 3 1907, and that death occurred, on the date stated above, at 2.30 P.M. The CAUSE OF DEATH was as follows:

Cancer of Stomach & Liver about 1 year (DURATION) ~~DAYS~~

Contributory Exhaustion (DURATION) DAYS

(Signed) L. J. Frey M. D.

June 3 1907 (Address) 2466 N. Howard Ave,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: June 6 1907

UNDERTAKER: Geo. W. Little,

ADDRESS: 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 16

Registered No. B C 1583

C 1583

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1228 W. Lanvale St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A. Watkins

{Residence, if in Baltimore, Give Street and Number.} 1228 W. Lanvale St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: August 1 1829

AGE: 77 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Christopher Bryan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elbessa Cheviek

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Watkins

(Address) 1228 W Lanvale St

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to June 3 1907 that I last saw h[illegible] alive on June 3 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Cerebral Haemorrhage (DURATION) 14 DAYS

(Signed) John D Fuck M.D.

Address 647 W Lafayette Ave

Date June 3 1907

Place of Burial Methodist Cem

Date June 3 1907

Undertaker Jos. Loerdens, Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 1584 Registered No. B C 1584

179 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Coodelia Stanley

{ Residence, if in Baltimore, Give Street and Number. } 407 N. Caroline St

Duration of Residence in Baltimore. Nine

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 15 of April 1

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Moses E. Stanley

BIRTHPLACE OF FATHER (State or country): Cambridge Md

MAIDEN NAME OF MOTHER: Maria Mitchell

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asther P Stanley

(Address) 407 N Caroline St

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to June 3 1907 that I last saw h[illegible] alive on June 3 1907, and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate.)

Not known

(DURATION) 20 DAYS

Contributory (Primary.) about 3 mo (DURATION) ~~DAYS~~

(Signed) W. F. Harris M.D.

Address 1374 Druid Hill

Date June 4 1907

Place of Burial Mt Zion Cemetery

Date 6 June 1907

Undertaker John W Henderson

Address 91 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 12 C 1585 Registered No. B C 1585

CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 E. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Mae Henry

{ Residence, if in Baltimore, Give Street and Number. } Cambridge, Md

Duration of Residence in Baltimore Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 20 1875

AGE: 32 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cambridge Md.

FULL NAME OF FATHER: Robt. L. Henry

BIRTHPLACE OF FATHER (State or country): Cambridge, Md.

MAIDEN NAME OF MOTHER: Julia Mace

BIRTHPLACE OF MOTHER (State or country): Cambridge Md.

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hampton Steel

(Address) 625 E. Charles St.

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4, 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Ang 190 to 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hampden Coroner M.D.

Address 216 E. Caroline St

Date June 4, 1907

Place of Burial Cambridge Md

Date June 4th 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 1586 — Registered No. B C 1586

CERTIFICATE OF DEATH.

(Place of Death.) No. 34 Marriott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Reichenbecher

{Residence, if in Baltimore, Give Street and Number.} 34 Marriott st

Duration of Residence in Baltimore 37 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	white
DATE OF BIRTH	July 7 1849
AGE	57 years, 9 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Engeneer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Reichenbecher

(Address) 34 Marriott st

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to June 3 1907 that I last saw h[illegible] alive on June 1st 1907 and that death occurred, on the date stated above, at 3.10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Hypertrophy of Heart
Valvular disease

Several yrs. (DURATION) DAYS

Contributory (Primary.) Dropsy

5 Mo. (DURATION) DAYS

(Signed) E. L. Frank M.D.

Address 1605 N North Ave.

Date June 3rd 1907

Place of Burial Mt Carmel Cemetary

Date June 5th 1907

Undertaker Christian Miller

Address 2334 Jefferson Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

WM. J. C. DULANY CO., BALTIMORE.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1587

City of Baltimore, (No. 429 Aisquith St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 2 (Day) 1907 (Year)

AGE: ..... years, 2 about months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Saulsman

(Address) 429 Aisquith St

Filed 6/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 24, 1907 to June 2, 1907 that I last saw him alive on June 1 1907 and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Insanemia

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. L. Peterson M. D.

June 4 1907 (Address) 1103 N Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: JUN 4 1907 190

UNDERTAKER: Commissioner Health.

ADDRESS: Health Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT

Ward 7 — C 1588 — Registered No. B C 1588

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Edward & Minnie Chort

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: June 12. 1907	
AGE: 15 hours. (years, months, ~~days~~)	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Edward Chort	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Minnie Lockwood.	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2. 1907

I HEREBY CERTIFY, That I attended deceased from June 12. 1907 to June 2. 1907 that I last saw her alive on June 2. 1907, and that death occurred, on the date stated above, at 12.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
6 mo. foetus.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Jul 3. '07 1907

Place of Burial COLLEGE OF P. & S.

Date JUL 4 - 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR STATISTICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1589 Registered No. B C 1589

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2222 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Hettie Schreiner.

{ Residence, if in Baltimore, Give Street and Number. } 2222 Canton Ave.

Duration of Residence in Baltimore. 26 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 23d 1845

AGE 62 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Eckel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Schreiner

(Address) 2222 Canton Ave

Filed 6/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1907.

I HEREBY CERTIFY, That I attended deceased from Febr. 14th 1907 to June 4th 1907 that I last saw her alive on June 2d 1907 and that death occurred, on the date stated above, at 6.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

several days (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

about a year (DURATION) DAYS

(Signed) Fredk A. Conradi M.D.

Address 2421 East Balt. St.

Date June 4th 1907.

Place of Burial Mt Carmel Cem

Date June 6th 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C 1590 C 1590

Registered No. B

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 515 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benj F Gray

{ Residence, if in Baltimore, Give Street and Number. } 515 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 19th 1867

AGE: 39 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel Gray

BIRTHPLACE OF FATHER (State or country): New Hampshire

MAIDEN NAME OF MOTHER: Mary E. Doyle

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Gray

(Address) 515 S. Bradford St.

Filed 6/7 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 — 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to June 2 1907

that I last saw h — alive on Jun 1- 1907,

and that death occurred, on the date stated above, at 10 15 M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis Casamona —

4 mos — (DURATION) DAYS

Con'tributory (Primary) Cystitis

(DURATION) DAYS

(Signed) Thos O'Brien M.D.

Address 1713 Druid Hill Ave

Date June 7 1907

Place of Burial Trinity Cemetery

Date June 5th 1907

Undertaker H. Sauder & Sons

Address 1710 Caulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 17 C 1591 Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. in Patrol wagon near Central Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick V. Ballard

{ Residence, if in Baltimore, Give Street and Number. } 1807 W. Calvert St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Nov. 7 1850

AGE: 56 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frederick Ballard

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary —

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Ballard

(Address) 1807 W. Calvert St.

Filed 6/4/ 1907 L R C, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4, 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 4 1907

that I last saw h alive on June 4 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) — DAYS

Contributory (Primary.) Alcoholism

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St

Date June 4 1907

Place of Burial Cathedral Cemetery

Date June 5, 1907

Undertaker H. W. Mears & Son

Address 805 W. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

H[illegible] DEPARTMENT, C[illegible]more.

Ward [illegible] C 1592 Registered No. B C 1592

166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex. Sadler

{ Residence, if in Baltimore, Give Street and Number. } 2702 Dillon St

Duration of Residence in Baltimore, 17 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible]

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: R.R. Car Repairer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Sadler.

(Address) 2702 Dillon St

Filed 6/4/ 1907 S.E.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from having Pelvis Accidentally Crushed - R.R.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hamburger M.D.

Address 216 N. Caroline

Date June 4 1907

Place of Burial St Stanislaus -

Date June 5 th 1907

Undertaker M. F. Jachowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. B C 1593

99 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ralph Siskin

{Residence, if in Baltimore, Give Street and Number.} 907 E Fayette St

Duration of Residence in Baltimore. 7, 10 Mon

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Meyer Siskin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jennie Abrahamson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Siskin

(Address) 907 E Fayette st

Filed June 5 1907 HARRY C. ANDREWS PRIVATE SECRETARY Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to June 4 1907

that I last saw him alive on June 4 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Abscess of lung.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hosp.

Date 6/4 1907

Place of Burial Hebrew Philip Rd Roosdale

Date June 5, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of ...

Ward 17 — C 1594 — Registered No. B C 1594

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Crippin

{Residence, if in Baltimore, Give Street and Number.} 610 Broadway St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm. H. Crippin

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Frances Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas B. Jones

(Address) 506 Rogers Ave

Filed 6/5 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhage

about one Hour (DURATION) ... DAYS

Con'ributory (Primary.) Homicide by Pistol shot (DURATION) ... DAYS

(Signed) Chas Baldwin M.D.

Address Two Lafayette Av. (Coroner)

Date June 2nd 1907

Place of Burial Mt Auburn

Date June 5. 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 17 · C 1595 Registered No. B C 1595

16T

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Conroy

{Residence, if in Baltimore, Give Street and Number.} 813 Elder alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: March 29th 1901

AGE: 6 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jas. H. Conroy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lucinda Holly

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucinda Holly

(Address) 813 Elder al.

Filed 6/5 1907 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach

(DURATION) 5 DAYS

Con'tributory (Primary.) Acute intestinal Trouble (DURATION) ..... DAYS

(Signed) Wm Baltzell M.D.

Address 700 Log. av. (Govans)

Date June 3rd 1907

Place of Burial Mt Auburn Cemetery

Date June 5 1907

Undertaker P. H. Kelly

Address 611 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1596

City of Baltimore, (No. 616 E. Ft Ave, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John P. Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH March (Month) 31 (Day) 1870 (Year)

AGE 37 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Peter Nelson

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary McNeal

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Nelson

(Address) 616 E. Ft Ave

Filed 6/5 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to June 5th 1907 that I last saw him alive on June 30th 1907, and that death occurred, on the date stated above, at 6 15 M. The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) 90 DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) F. K. Wiley M. D.

June 5th 1907 (Address) 724 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	June 6 1907
UNDERTAKER	ADDRESS
D. Fen McCully	89 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 C 1597 Registered No. B C 1597

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1436 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosamond E. Taylor

{ Residence, if in Baltimore, Give Street and Number. } 1436 Hanover st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct 23 1904
AGE	2 years, 7 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Samuel Taylor
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Rosa Lentz
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Taylor

(Address) 1436 Hanover St

Filed 6/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1907

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to June 4 1907 that I last saw her alive on June 4 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria
Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 10 DAYS

(Signed) W. B. Burch M.D.

Address 828 N. Carrollton Ave

Date June 4 1907

Place of Burial Balto Cemetery

Date June 5 1907 2 P.M.

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1598 Registered No. B C 1598

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Charles Trayan

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1907

I HEREBY CERTIFY, That I attended deceased from May 31 1907 to June 3 1907 that I last saw h alive on June 3 1907, and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date June 3 1907

Place of Burial Sacred Heart

Date June 5" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1599 Registered No. B ..... C 1599

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Taylor

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 4 1907 that I last saw h in alive on June 4 1907, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dissemination
Chronic Diffused
Nephritis

(DURATION) ..... DAYS

Con'tributory (Primary.) Arterio-
Sclerosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date June 4th 1907

Place of Burial Sacred Heart

Date June 5" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Fort Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 1600 Registered No. B C 1600

CERTIFICATE OF DEATH.

167 V

(Place of Death.) No. 21 Joseph Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Klein

{ Residence, if in Baltimore, Give Street and Number. } 1441 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH May 6 1872

AGE 35 years, — months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Buett. Md

FULL NAME OF FATHER Henn Schultz.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis Klein

(Address) 1441 Eastern Ave

Filed 6/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 630 a. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred Camalier M.D.

Address June 5 — 07

Date Conmw Md 190

Place of Burial Trinity Cemetery

Date June 7th 1907

Undertaker H. Snyder & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 1601 Registered No. B C 1601

CERTIFICATE OF DEATH. 7 IV

(Place of Death.) No. 721 Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Connolly

{Residence, if in Baltimore, Give Street and Number.} 721 Hopkins Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. N. Hucks

(Address) 721 Hopkins ave

Filed 6/5 190 7 HARRY G. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Lugsley

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date June 7 — 07 190

Place of Burial Mt Carmel. Cem.

Date JUN 6 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 1602

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 866 Rabong St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Max Ginsberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 5 (Day) 1907 (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Herman Louis Ginsberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Samuelson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer Kupa

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Ginsberg

(Address) 838 Fredericks Ave

Filed 6/5/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from One Consultation 190 to June 4" 1907,

that I last saw h..... alive on June 4" 1907,

and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs & Laryngeal Asthma

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Frank Ober Sawyer M. D.

June 5" 1907 (Address) 525 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Edmondson Phila Pa [illegible]

DATE OF BURIAL: June 5 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McCulloh St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 1603 — Registered No. B C 1603

CERTIFICATE OF DEATH.

93 ✓

(Place of Death.) No. 101 East St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John H. Horner

{Residence, if in Baltimore, Give Street and Number.} 101 East St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bek

DATE OF BIRTH Jan 12 1872

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Caroline Co Md.

FULL NAME OF FATHER John Horner

BIRTHPLACE OF FATHER (State or country) Caroline Co Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Caroline Co Md

OCCUPATION OF DECEASED Steeder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Horner

(Address) 101 East St

Filed 6/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1907

I HEREBY CERTIFY, That I attended deceased from May 31 1907 to June 2 1907

that I last saw h[illegible] alive on June 2 1907

and that death occurred, on the date stated above, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary Oedema (DURATION) 7 DAYS

(Signed) J Monroe M.D.

Address 134 N Fayette

Date June 7 1907

Place of Burial ~~Hooker~~ Hillsborough Caroline Co

Date June 5th 1907

Undertaker Alfred J Freeland

Address 156 Belnord Ave St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward IV 19 C 1604 Registered No. B C 1604

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dailey

{ Residence, if in Baltimore, Give Street and Number. } 302 N Parrish St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 6/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3. 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to June 3. 1907 that I last saw her alive on June 3. 1907, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Pancreas

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Amoss M.D.

Address Bay View Asylum

Date June 3. 1907

Place of Burial Mt. Auburn Cem

Date June 5-th 1907

Undertaker Sam'l H. Chase & Son

Address 1011 N. Calhoun St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 17 C 1605 Registered No. B C 1605

CERTIFICATE OF DEATH.

(Place of Death.) No. 1323 Fields Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bassil Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1323 Fields Alley

Duration of Residence in Baltimore. 21 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Col
DATE OF BIRTH	1
AGE	36 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	George Dorsey
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Sophia Brown
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Dorsey

(Address) 137 N. Woodyear St.

Filed 6/5 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to June 4 1907 that I last saw him alive on June 3 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) 6 Months

(Signed) John G. Huck M.D.

Address 647 N Lafayette Ave

Date June 4 1907

Place of Burial Mt Auburn Cem

Date June 6th 1907

Undertaker Sam'l H. Chaselden

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 24

C 1606 Registered No. B C 1606

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Tankard Joynes

{Residence, if in Baltimore, Give Street and Number.} 1102 Battery Ave

Duration of Residence in Baltimore. 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 17th 1845

AGE: 62 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Tully A. Joynes

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sabra Polk

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tully A. Joynes

(Address) 1409 Lafayette St

Filed 6/5 1907

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 5th 1907

I HEREBY CERTIFY, That I attended deceased from May 9th 1907 to June 5th 1907 that I last saw h alive on June 4th 1907, and that death occurred, on the date stated above, at 12 40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Rheumatism (DURATION) 35 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date June 5th 1907

Place of Burial Swancoch Va

Date June 6th 1907

Undertaker H. Lilden Fuller

Address 2013 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 7th

C 1607

Registered No. B

66

CERTIFICATE OF DEATH.

Place of Death.) No. 642 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Reardon

{ Residence, if in Baltimore, Give Street and Number. } 642 E Fort Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Shannon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Reardon

(Address) 642 E Fort Ave

Filed 6/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from 6/3 1907 to 6/4 1907

that I last saw her alive on 6/4 1907,

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Paralysis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) J. A. Dunlington M.D.

Address 642 E Fort Ave

Date 6/5 1907

Place of Burial Harrisonville Md

Date June 6 1907

Undertaker Jos B Cook

Address 1003 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. B C 1608

CERTIFICATE OF DEATH.

61 ✓

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry W Winkler

{Residence, if in Baltimore, Give Street and Number.} Evans Mal

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER W. L. Winkler

BIRTHPLACE OF FATHER (State or country) Hungarii

MAIDEN NAME OF MOTHER Gisa Cremet

BIRTHPLACE OF MOTHER (State or country) Hungarii

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. Winkler

(Address)

Filed June 6th 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to June 4 1907

that I last saw him alive on June 4 1907

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Spinal Meningitis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hosp

Date 6/5 1907

Place of Burial Hebrew Philip Rd Rosedale

Date June 6 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 — C 1609 — Registered No. B C 1609

CERTIFICATE OF DEATH.

(Place of Death.) No. 61 N. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Lockley.

{Residence, if in Baltimore, Give Street and Number.} 61 N. West St.

Duration of Residence in Baltimore. 4 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Anderson Giles

BIRTHPLACE OF FATHER (State or country): N. C

MAIDEN NAME OF MOTHER: Annie E. Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lockley

(Address) 61 W West St

Filed 6/6 1907

HARRY C. ANDREWS, FERRET CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/4/07 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to June 4 1907.

that I last saw her alive on June 3 1907.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J Edward Smith M.D.

Address 538 Hanover St

Date 6/5/07 1907

Place of Burial Round Bay

Date June 6 1907

Undertaker Jno. H. Toadvine

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1610

City of Baltimore, (No. 174 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Yates

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July (Month) 15 (Day) 1850 (Year)

AGE: 56 years, 10 months, 20 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Hagerstown Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Ellen Snathes

BIRTHPLACE OF MOTHER (State or country): Smithsville

OCCUPATION OF DECEASED: Laundry Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Anthony (daughter)

(Address) 514 Fawn St.

Filed 6/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to May 31 1907 that I last saw h[illegible] alive on May 31 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Carcinoma of uterus, (Probably primal carcinoma.)

2 years (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) M. A. Yates M. D.

June 4 1907 (Address) 174 Mad. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	June 6 1907
UNDERTAKER	ADDRESS
R. N. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 16 C 1611 Registered No. B C 1611

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Saffron~~ 1320 W Watcoat St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James Smith Booth.

{ Residence, if in Baltimore, Give Street and Number. } 1320 W Watcoat St.

Duration of Residence in Baltimore. 32 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED singl

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Booth

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ellen Jayes

BIRTHPLACE OF MOTHER (State or country) maryland

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Booth

(Address) 1322 Watcoat St

Filed 6/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4, 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to June 4 1907 that I last saw him alive on June 3 1907, and that death occurred, on the date stated above, at 6:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date June 5, 1907.

Place of Burial Laurel Cemetery

Date June 6 1907

Undertaker Alex H Kennedy

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

27

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 1612

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1612

City of Baltimore, (No. 643, N Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Pistle

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 23d 1830 (Month) (Day) (Year)

AGE 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Simon Pistle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Hestel

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Domestic Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Stoffle

(Address) 643 N Pratt St.

Filed 6/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 4 1907 that I last saw h[illegible] alive on June 4 1907 and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Hemiplegia (DURATION) 6 hrs DAYS

Contributory Senile Paralysis (DURATION) ..... DAYS

(Signed) Henry Boyd M. D.

June 5 1907 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Balt. Cemetery | DATE OF BURIAL June 7th 1907

UNDERTAKER Jos. Lumbrock | ADDRESS 647 W Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1613

City of Baltimore, (No. 749 Mc Henry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Dehuge

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wh

DATE OF BIRTH: Aug 26 1 (Month) (Day) Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma E. Wehage

(Address) 749 Mc Henry St

Filed 6/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 6 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to June 6 1907

that I last saw h... alive on June 5 1907,

and that death occurred, on the date stated above, at 1 a. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 18 Mos DAYS

Contributory Heart Failure

(DURATION) 4 DAYS

(Signed) Henry Boyd M. D.

June 6 1907 (Address) 122 Columbus

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 6 1907

UNDERTAKER: Jos B. Cook — ADDRESS: 1003 W Balto St

Remove to 863 Ramsey St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C 1614 Registered No. B C 1614

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Lenkauff

{Residence, if in Baltimore, Give Street and Number.} 2231 No Charles St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. S. Duvall

(Address) 2213 N. Charles St

Filed 6/6 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 6 1907

that I last saw h.. alive on June 5 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) S. S. Krouse M.D.

Address Johns Hopkins Hosp. 615

Date ... 1907

Place of Burial Greenmount

Date June 6. 1907

Undertaker Lord Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

C 1615

Ward 5

C 1615

Registered No. B

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 152 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hannan (Hannan)

{Residence, if in Baltimore, Give Street and Number.} 152 N. Exeter St

Duration of Residence in Baltimore. all the lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 39 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Lapie

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Margaret McCluskey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Theresa Trust

(Address) 186 E. Hill St.

Filed 6/6 1907

CHARLES G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th 1907

I HEREBY CERTIFY, That I attended deceased from June 4th 1907 to ..... 190.....

that I last saw her alive on June 4th 1907,

and that death occurred, on the date stated above, at 12.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Asthma

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto. St

Date June 5th 1907

Place of Burial St Vincents Cem

Date June 7 1907

Undertaker Wm Cook

Address 502 E. Hatthaway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

25

C 1616

120

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1616

City of Baltimore, (No. 41 E Randall St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Kasten

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ... (Month) ... (Day) 1 Year)

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Karl Kasten

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Poesner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Kasten.

(Address) 41 E Randell St

Filed 6/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 31 1907 to June 5 1907

that I last saw him alive on June 5 1907,

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Bright's Disease

(DURATION) ... DAYS

Contributory Malarial Fever

(DURATION) ... DAYS

(Signed) G. Lotsche Ewald M. D.

June 5 1907 (Address) 703 W. Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: June 7 1907

UNDERTAKER: Wm Cook ADDRESS: 5826 Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 11

C 1617

Registered No. B C 1617

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. O. Smith

{ Residence, if in Baltimore, Give Street and Number. } Same 805 Dr. Hill Ave.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH Sept. 10, 1906.

AGE — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER Saml. Smith

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Margt. Downes

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Smith

(Address) 805 Dr. Hill Ave.

Filed 6/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5, 1907

I HEREBY CERTIFY, That I attended deceased from June 4, 1907, to ——— 190—

that I last saw him alive on June 4, 1907,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute gastro-intestinal intoxication (DURATION) 2 DAYS

Contributory, (Primary.) Weaning and substitution of bad cow's milk for breast feeding (DURATION) 4 DAYS

(Signed) Wm. Edw. Magruder M.D.

Address 922 Madison Ave

Date June 5 1907

Place of Burial Mt. Auburn Cemetery

Date June 6th 1907

Undertaker Felix B. Pye.

Address 1026 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. B C 1618

C 1618

CERTIFICATE OF DEATH.

120.

(Place of Death.) No. 740 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna S. Spicer

{Residence, if in Baltimore, Give Street and Number.} 740 Pierce

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH August 1 1846

AGE 60 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Stephen. Mills

BIRTHPLACE OF FATHER (State or country) Frederick Co. Md

MAIDEN NAME OF MOTHER Annie (Doutheon)

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna R Parker

(Address) 740 Pierce

Filed 6/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to June 5 1907 that I last saw h-r alive on June 3 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma (Uraemic

(DURATION) 3 DAYS

Con'tributory (Primary.) Bright's

Breast & Kidney (DURATION) Many DAYS

(Signed) W. A. Kemp M.D.

Address 8 W 20th.

Date June 5 1907

Place of Burial St Peters Cemetery

Date June 7th 1907

Undertaker Felix B Pye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 10

C 1619 Registered No. B C 1619

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John McConnell

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1824

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Patrick McConnell

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Hall

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley st

Filed 6/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on June 5 1907

and that death occurred, on the date stated above, at 4 p. M. CAUSE OF DEATH (Secondary or Immediate)

Arteio-sclerosis

(DURATION) DAYS

Con'tributory (Primary) Cerebral apoplexy

6 weeks (DURATION) DAYS

(Signed) F A Warner M.D.

Address 1133 Valley st

Date June 8 1907

Place of Burial Cathedral Cem

Date June 7th 1907

Undertaker John A. Inman

Address Bank & Gannaway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 2nd

C 1620 Registered No. B C 1620

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. 1742 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Regnor

{Residence, if in Baltimore, Give Street and Number.} 1742 Canton ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: July 1839	
AGE: 68 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Sommerwerk

(Address) 1701 Gaughluff ave

Filed 6/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1907

I HEREBY CERTIFY, That I attended deceased from June 3rd 1907 to June 4th 1907

that I last saw him alive on June 3rd 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Aortic mitral insufficiency Six months (DURATION) DAYS

(Signed) Wm M. Savage, M.D.

Address 1121 E. Baltimore St.

Date June 4th 1907

Place of Burial Int. Cathedral Cem.

Date June 7th 1907

Undertaker John A. Inman

Address Bank & Annsts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

C 1621 Registered No. B C 1621

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1725 Tresbury St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Mc Cann

{Residence, if in Baltimore, Give Street and Number.} 1725 Tresbury St.

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 25th 1846

AGE 60 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) County of Mayo, Ireland.

FULL NAME OF FATHER Michael McCann

BIRTHPLACE OF FATHER (State or country) County of Mayo Ireland

MAIDEN NAME OF MOTHER Bridget Doherty

BIRTHPLACE OF MOTHER (State or country) County of Mayo Ireland.

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Mc Cann

(Address) 1725 Tresbury St.

Filed 6/6 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th 1907

I HEREBY CERTIFY, That I attended deceased from April 14 1906 to June 5 1907 that I last saw h im alive on June 5 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) DAYS

Contributory (Primary.) Chronic Neph-ritis

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 1442 Preastman St

Date June 5 1907

Place of Burial Ypsilanti Michigan

Date June 7th 1907

Undertaker Jno & Jno Holm H. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 8 — C 1622 — Registered No. B C 1622

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1711 Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Hudgins

{ Residence, if in Baltimore, Give Street and Number. } 1711 Hopkins ave.

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: June 5 1907

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Jarvis

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Hudgins

(Address) 1711 Hopkins ave

Filed 6/6 1907 — HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to May 11 1907 that I last saw h[er] alive on May 11 1907, and that death occurred, on the date stated above, at 2-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

9 mos (DURATION) — DAYS

Contributory (Primary.) Indon nose

20 yrs (DURATION) DAYS

(Signed) David Stott M.D.

Address 712 Park ave

Date June 6 1907

Place of Burial Baltimore Cem[etery]

Date June 8th 1907

Undertaker Josiah Leffler

Address 1600 W Baltimore Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1623 Registered No. B C 1623

CERTIFICATE OF DEATH.

(Place of Death.) No. 668 W Lexington St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of Chas and Estella Wallace

{Residence, if in Baltimore, Give Street and Number.} 668 W Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	June 6 1907
AGE	— years — months 2 hours days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Chas Wallace
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Estella Bowers
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Wallace

(Address) 668 W Lex St

Filed 6/6/07

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

2 hours (DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address

Date June 6 1907

Place of Burial Western Cemetary

Date June 6 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C 1624

City of Baltimore, (No. 2811, Huntingdon Ave St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Albert & Addie Hines

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 5 (Day) 1907 (Year)

AGE: 0 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert Hines

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Addie Royston

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Hines

(Address) 2811 Huntingdon Ave

Filed 6/6 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 5 1907 that I last saw her alive on June 1 1905, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Premature birth - 8 months.
Cause treated a few hrs but circulation insufficiency - functions ceased

(DURATION) 2 DAYS

Contributory Not attended

(DURATION) DAYS

(Signed) R B Norment M. D.

6 6 1907 (Address) 334 7 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys Hampden	June 6th 1907
UNDERTAKER	ADDRESS
C A F Philbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 1625 Registered No. B C 1625

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Hart

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf-Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: June 25 1903

AGE: 3 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) V. V. I. Asy.

Filed 6/6 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to June 4 1907

that I last saw h[illegible] alive on June 4 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Whooping-Cough

(DURATION) 21 DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Carolina Av.

Date 6/5 1907

Place of Burial New Cathedral

Date June 6th 1907

Undertaker Martin Talley & Sons

Address 666 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 10 C 1626 Registered No. B C 1626

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Hartford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rubin Nicholas

{Residence, if in Baltimore, Give Street and Number.} 710 Hartford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR B

DATE OF BIRTH March 1 1907

AGE [illegible] years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Gus Nicholson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ellen Hitchen

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Henry Harris

(Address) 710 Hasford Ave

Filed 6/7/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on [illegible] 190,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Supposed)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred R Cummins M.D.

Address Coroners Office

Date June 6 - 07 1907

Place of Burial Laurel Cem.

Date June 7 1907

Undertaker R A Elliott

Address 506 Rutland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward ..... 6/1627 Registered No. B ..... C 6-1627

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James McMonagle

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 6/7 1907

MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 5 1907 that I last saw h in alive on June 5 1907, and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Myocarditis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date June 6 1907

Place of Burial Sacred Heart

Date June 7" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 1628 *Registered No. B* C 1628

814

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Aged Women's Home *St.* (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Appolonia Dunkerley

{ Residence, if in Baltimore, Give Street and Number. } 1400 W Lexington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: —	
AGE: 74 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella F. Jones

(Address) Aged womans home

Filed 6/7 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from June 1904 to June 5 1907

that I last saw her alive on June 4 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atheromatous
Degeneration
Heart & Arteries
3yrs (DURATION) DAYS

Con'tributory (Primary.) Asthenia
two (DURATION) DAYS

(Signed) T L Norwood M.D.

Address 939 W Fayette

Date June 6 1907

Place of Burial Mt Olivet

Date June 7th 1907

Undertaker Geo J Smith Co.

Address 1600 W. Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City

Ward 9 — C 1629 — Registered No. B C 1629

CERTIFICATE OF DEATH.

4 V V

(Place of Death.) No. 1408 Harford Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lidia A Smith

{Residence, if in Baltimore, Give Street and Number.} 1408 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 4th 1850

AGE: 58 years, 3 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Frederick

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah Cooper

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Keeps House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1408 Harford Ave

Filed 6/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 5 — 1907.

I HEREBY CERTIFY, That I attended deceased from Mar 10 — 1907 to June 5 — 1907

that I last saw h er alive on " " 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of uterus

Six months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date June 6 1907

Place of Burial London Park

Date June 7 — 1907

Undertaker H. C. Windefeld

Address 914 Lynnmt. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1630

City of Baltimore, (No. 1721, E. Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Elizabeth Lucas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 8 (Month) — 12 (Day) — 1844 (Year)

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: do not Know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: do not Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Marie Lucas

(Address) 1221 E Chase

Filed 6/7/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5th 1907 to June 5th 1907 that I last saw her alive on June 5th 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pernicious Anaemia

5 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Wm H Pearce M. D.

June 6th 1907 (Address) 2105 Chas at

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters | DATE OF BURIAL: 6-8-1907

UNDERTAKER: John J Fahey | ADDRESS: 1282 Williams

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 18 C 1631 Registered No. B 125

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Francis Durr

{Residence, if in Baltimore, Give Street and Number.} 803 Franklin St

Duration of Residence in Baltimore. 56 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Durr

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 6/7/1907 Ed J. Co. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to June 5 1907 that I last saw h[illegible] alive on June 5 1907, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Eg Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Prostatectomy

(DURATION) DAYS

(Signed) V. J. Cullen M.D.

Address St. Joseph's German Hosp.

Date June 5 1907

Place of Burial Holy Redeemer

Date June 8 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 15 — C 1632 — Registered No. B C 1632

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CERTIFICATE OF DEATH.

(Place of Death.) No. 3400 W North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles R Hollingsworth

{Residence, if in Baltimore, Give Street and Number.} 3400 W. North Ave

Duration of Residence in Baltimore 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH ~~1833~~ Mch 1 1833

AGE 74 years, 3 months, 4 days

~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert Hollingsworth

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth ~~Hollingsworth~~ Street

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Store Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Hollingsworth

(Address) 3400 W. North Ave

Filed 6/7/07 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th 1907

I HEREBY CERTIFY, That I attended deceased from June 3rd 1907 to June 5th 1907 that I last saw him alive on June 4th 1907, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St

Date June 6th 1907

Place of Burial Fallston Harford Co Md

Date June 8th 1907

Undertaker Charles E Francis

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 11 C 1633 Registered No. B C 1633

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 W. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celia Shultz

{Residence, if in Baltimore, Give Street and Number.} 6 W Oliver St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH June 25 1854	
AGE 52 years, 11 months, 18 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Carroll Co Md	
FULL NAME OF FATHER Israel B. Leister	
BIRTHPLACE OF FATHER (State or country) Carroll Co Md	
MAIDEN NAME OF MOTHER Margaret A Armsbrister	
BIRTHPLACE OF MOTHER (State or country) York Pa	
OCCUPATION OF DECEASED None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Shultz

(Address) 6 W Oliver St

Filed 6/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH June 5th 1907
I HEREBY CERTIFY, That I attended deceased from May 11 1907 to June 5 1907 that I last saw h Ex alive on June 4 1907, and that death occurred, on the date stated above, at 4 30 a.m. CAUSE OF DEATH (Secondary or Immediate)
Tuberculosis Pulmonum
(DURATION) 25 DAYS
Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) 25 DAYS
(Signed) August Horn M.D.
Address 25 4th & St Paul Sts
Date June 5th 1907
Place of Burial Mt Olivet
Date June 8 1907
Undertaker Jos B Cook
Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 14 C 1634 Registered No. B C 1634

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 Cole St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Martin

{Residence, if in Baltimore, Give Street and Number.} 1708 Cole St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 9th 1906

AGE 1 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John L. Martin

BIRTHPLACE OF FATHER (State or country) Balto city

MAIDEN NAME OF MOTHER Alberdia Thomas

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. Cook

(Address) 1003 N. Balto St

Filed 6/7 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1907

I HEREBY CERTIFY, That I attended deceased from May 31st 1907 to June 7th 1907 that I last saw her alive on June 7th 1907 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) M Blaney M.D.

Address 110 S. Gilmor St

Date June 7th 1907

Place of Burial Mt Olivet

Date June 9 1907

Undertaker J. B. Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 6 C 1635 Registered No. B C 1635

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Edgar Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Upton.

{Residence, if in Baltimore, Give Street and Number.} 206 Edgar Pl

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	62 years, months, days
~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Upton

(Address) 206 Edgar St

Filed 6/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carvalho M.D.

Address Coroner. N. Ave

Date June 6 — 07 190

Place of Burial New Cathedral

Date June 10 190 7

Undertaker J. B. Cook

Address 1003 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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C 1636

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1636

City of Baltimore, (No. 1616 S. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Helm

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. (Month) 8 (Day) 1844 (Year)

AGE: 67 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ellicott city Howard Co

FULL NAME OF FATHER: Franklin Helm

BIRTHPLACE OF FATHER (State or country): Howard County

MAIDEN NAME OF MOTHER: Elizabeth Bryant.

BIRTHPLACE OF MOTHER (State or country): Howard County.

OCCUPATION OF DECEASED: R. R. Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stewart Helm

(Address) 1723 Patapsco St

Filed 6/7 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 5th 1907

that I last saw h[illegible] alive on June 5 1907,

and that death occurred, on the date stated above, at 7 [illegible] M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 5 DAYS

Contributory Trauma Coma

(DURATION) DAYS

(Signed) G. H. Hammond M. D.

June 5th 1907 (Address) 33 E Lex St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: June 9 1907

UNDERTAKER: J. E. Evans — ADDRESS: 1428 S Charles

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✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of ...

Ward 17 C 1637 Registered No. B C 1637

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 W Lanvale St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilson Rose

{Residence, if in Baltimore, Give Street and Number.} 616 W Lanvale St.

Duration of Residence in Baltimore. 37 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: Dont Know 1	
AGE: 51 years, — months, — days	
~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: William Rose	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Cordelia Roslin	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. L. Burke

(Address) 1107 Stirling St

Filed 6/7 1907

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907.

I HEREBY CERTIFY, That I attended deceased from June 2 1907 to June 6 1907.

that I last saw him alive on June 3 1907.

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 14 DAYS

Con'tributory (Primary.) Influenza.

(DURATION) 30 DAYS

(Signed) Edward V. Fitzgerald M.D.

Address 1116 Druid Hill Ave.

Date June 6 1907.

Place of Burial Mt Auburn Cem

Date June 7th

Undertaker John G. Fisher

Address 1107 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C 1638

Ward 19 C 1638 Registered No. B 814.

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. H. Clarke

{Residence, if in Baltimore, Give Street and Number.} 525 N. Fremont st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	Oct 29 1871
AGE	36 years, 6 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Andrew Clarke
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ann. Foley
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marg. Riegler

(Address) 525 N. Fremont st.

Filed 6/7 1907

C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to June 5 1907 that I last saw her alive on June 5 1907, and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Hemorrhagic + Arteriosclerosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. Dunn M.D.

Address 1153 Edmondson Ave

Date June 6 1907

Place of Burial Cathedral Cem

Date June 7 1907

Undertaker W. J. Faulkner & Son

Address Cumberland

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 15

Registered No. B C 1639

C 1639

CERTIFICATE OF DEATH.

(Place of Death.) No. 4518 Park Heights Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Aubel

{Residence, if in Baltimore, Give Street and Number.} 4518 Park Heights Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 7. 1856

AGE: 50 years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Aubel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna E. Kraemer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Aubel

(Address) 4518 Park Heights Ave

Filed 6/7 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 — 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to June 5 1907

that I last saw him alive on June 4 1907,

and that death occurred, on the date stated above, at 3-40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis. (DURATION) 3 yr DAYS

(Signed) James S. Ashurst M.D.

Address 4005 Park Heights Ave

Date June 5 — 1907

Place of Burial London Park

Date Friday, June 7 1907

Undertaker Wm. J. Dickenson

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 9 — C 1640 — Registered No. B C 1640

36 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Coyne

{Residence, if in Baltimore, Give Street and Number.} 1723 E. Lafayette ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Nicholson

(Address) 1728 E Lafayette ave

Filed 6/7 1907

JOHN C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to June 6 1907 that I last saw h alive on June 6 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) V. J. Cullen M.D.

Address St Joseph's Hosp.

Date June 6 1907

Place of Burial Loudon Park

Date June 8 1907

Undertaker Robt J Turner & Bro. Co.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1641

City of Baltimore, (No. 2216 Boston Street St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Aaron Tisselbaum

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	April (Month) ..... (Day) 1849 (Year)
AGE	58 years, 1 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Samuel Tisselbaum
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Sarah ~~Tisselbaum~~ Berlman
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Lunch county.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Tisselbaum

(Address) 2216 Boston Street

Filed 6/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to June 6 1907 that I last saw him alive on June 5 1907, and that death occurred, on the date stated above, at 9 35 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of the oesophagus & stomach.
Bronchopneumonia

(DURATION) 180 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A. Hollander & M. D.

6/7 1907 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Philip Rod Ian Mem	June 7 1907
UNDERTAKER	ADDRESS
Wm Levinson	1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore

Ward 14 — C 1642 — Registered No. B C 1642

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Samuel F Fletcher

{Residence, if in Baltimore, Give Street and Number.} Calvert & Saratoga Sts.

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Prince George Co Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Worker in Post Office

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgie Lemon

(Address) 225 N. Calvert St

Filed 6/7/07

WM. J. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to June 7 1907 that I last saw him alive on June 6 1907, and that death occurred, on the date stated above, at 6

4. M. CAUSE OF DEATH (Secondary or Immediate) Cachexia & Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of Stomach, Chronic Nephritis (DURATION) 3 yrs

(Signed) Geo. H. Fleming M.D.

Address St. Joseph's Hosp

Date June 7 1907

Place of Burial Upper Marlboro Prince George Co Md

Date June 8th 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 1643 Registered No. B C 1643

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. R. Constable.

{ Residence, if in Baltimore, Give Street and Number. } 2125 N. Charles St.

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1831

AGE 76 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Kent Co Md

FULL NAME OF FATHER John Constable

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Harriet Ringold

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca H Constable

(Address) 2126 N. Charles St

Filed 6/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6, 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 6 1907 that I last saw h in alive on June 6 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage

(DURATION) 4 hrs ~~DAYS~~

Contributory (Primary.) Hypostatic Pneumonia (DURATION) 2 DAYS

(Signed) H. M. Stevenson M.D.

Address 431 N. Carey St

Date June 6 1907

Place of Burial St Pauls cemetery Kent Co, Md.

Date June 8th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1X

C 1644

Registered No. B C 1644

125 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J. Orr

{Residence, if in Baltimore, Give Street and Number.} Perrman Haworth Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	Sept 16 1846
AGE	60 years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Johnson Orr
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary A Foster
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Harnell

(Address) 174 N Monroe St

Filed 6/7 1907

Registrar

COUNT C. ANDRES, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to June 6 1907

that I last saw h alive on June 6 1907

and that death occurred, on the date stated above, at 11 o

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.) Enlarged Prostate Gland

(DURATION) DAYS

(Signed) Harvey D Stone M.D.

Address Johns Hopkins Hospital

Date 6/6 1907

Place of Burial Havre de Grace Md

Date 190

Undertaker

Address

JUN 7 - 1907

Armstrong Deputy

715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

C 1645

Ward 14 C 1645 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. University Lying In Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Infant~~ Nettie Bryan

{Residence, if in Baltimore, Give Street and Number.} 622 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: May 30 1907

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Nettie Bryan

BIRTHPLACE OF MOTHER (State or country): St. Mary's Co, Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1907

I HEREBY CERTIFY, That I attended deceased from Birth May 30 1907 to June 4 1907 that I last saw him alive on June 4 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 5 DAYS

Contributory (Primary.) Prematurity

(DURATION) ..... DAYS

(Signed) L. M. Allen M.D.

Address 622 S. Lombard St.

Date June 7th 07 1907

Place of Burial COLLEGE OF P. & S.

Date JUN 7 - 1907 190...

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. B C 1646

C 1646

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Wilkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Stiffy

{Residence, if in Baltimore, Give Street and Number.} 1604 Wilkens Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 4th 1907

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Stiffy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Kate Conley

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Stiffy.

(Address) 1604 Wilkins Ave

Filed 6/7 1907

HENRY C. ANDRETS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jun 4 1907 to June 6 1907 that I last saw h[illegible] alive on Jun 6 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grimpel M.D.

Address 617 Lexington

Date June 9th 1907

Place of Burial Baltimore Lawn

Date June 9 1907

Undertaker J. & J. B. Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 1647 — Registered No. B C 1647

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1401 McCulloh st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa M. Dietrich

{Residence, if in Baltimore, Give Street and Number.} 1401 McCulloh st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	February 8th 1829
AGE	78 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	George Miller
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	~~Louisa~~ Maria Spangler
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hammond

(Address) 1401 McCulloh

Filed 6/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to June 6 1907 that I last saw her alive on " " 1907, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Terminal)

(DURATION) 2 DAYS

Contributory (Primary.) Myocarditis

(DURATION) ? DAYS

(Signed) G. Lane Tanneyhill jr M.D.

Address 1103 Madison Ave

Date June 7 1907

Place of Burial Fredericksburg Md

Date June 8th 1907

Undertaker E. Madison Mitchell

Address 120 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19th

C 1648 Registered No. B C 1648

CERTIFICATE OF DEATH.

(Place of Death.) No. 2208 Eagle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Bertha Webb

{Residence, if in Baltimore, Give Street and Number.} 2208 Eagle St.

Duration of Residence in Baltimore. 22 Hours

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 7 1

AGE: ..... years, ... months, 22 hrs. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William J. Webb

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Bertha E. Denlein

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Webb

(Address) 2208 Eagle St

Filed 6/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw her alive on June 7 1907,

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Secondary — Eclampsia (Infantile)

Several hours (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) F. E. Neitzman M.D.

Address 2143 Wilkens Ave

Date June 7th 1907

Place of Burial Mount Olivet Cemetery

Date June 8th 1907

Undertaker C. L. McCormick

Address 1729 N. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 21 C 1649 Registered No. B C 1649

166

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Schneider

{Residence, if in Baltimore, Give Street and Number.} 1356 Carroll St

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 15 1856

AGE 51 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Schneider

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Gardner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schneider

(Address) 1356 Carroll.

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3½ P. M.

CAUSE OF DEATH (Secondary or Immediate)

Body accidentally crushed

(Earth caved in a Trench) a.D.C.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred R Camalier M.D.

Address Corner West

Date June 8 - 07 190

Place of Burial Western Cemetery

Date June 9th 190

Undertaker C. A Knell & Son

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1650

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1650

City of Baltimore, (No. 927 W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of John and Luly Rapp

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	June (Month) 7 (Day) 1907 (Year)
AGE	5 hours ..... years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City Md
FULL NAME OF FATHER	John Rnapp
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Luly Pistel
BIRTHPLACE OF MOTHER (State or country)	America
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Knapp

(Address) 927 W. Lexington

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 7th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 7th 1907 to June 7th 1907 that I last saw h. alive on June 7 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Child was prematurely born and lived about 5 hours

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm Gonbel M. D.

June 8 1907 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	June 8 1907
UNDERTAKER	ADDRESS
Geo J Small & W. Fayette	1000

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the causes and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 1651

Ward 11 K

Registered No. B C 1651

CERTIFICATE OF DEATH.

159

(Place of Death.) No. 935 E. Calvert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olivia Claggett Patterson

{ Residence, if in Baltimore, Give Street and Number. } 935 E. Calvert St.

Duration of Residence in Baltimore. 2 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thomas Parrish

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Miss Harding

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. H. Stier

(Address) Perryman, Harford Co. Md.

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 6 1907

I HEREBY CERTIFY, That I attended deceased from Consists Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wound in Chest

— Suicide —

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 E. Caroline St

Date June 7 1907

Place of Burial Loudon Park Cemetery

Date June 8th 1907

Undertaker Evans & Spence

Address 118 W. Mt. Royal ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 —

CERTIFICATE OF DEATH.

Registered No. B C 1652

City of Baltimore, (No. 202 Warren ave St.) 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mrs. Elizabeth B. Ruark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb (Month) 18 (Day) 1841 (Year)

AGE: 66 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ga

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House - wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Ruark Daughter

(Address) 202 Warren ave

Filed 6/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to June 7 1907 that I last saw h er alive on June 6 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Organic disease of Heart

7 Months (DURATION) 23 DAYS

Contributory Unknown

(DURATION) DAYS

(Signed) J. K. Wiley M. D.

June 8 1907 (Address) 9 Dr. O'Leary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: June 10 1907

UNDERTAKER: Armstrong Dem Co

ADDRESS: 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1653

City of Baltimore, (No. St. Frances' Convent St.; Chas St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Evelin Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: February 1 (Month) (Day) Year)

AGE: 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Marianne

(Address) .....

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1907 to June 7 1907

that I last saw her alive on June 6 1907,

and that death occurred, on the date stated above, at 12.45 P. M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 6 DAYS

Contributory Pulmonary

Tuberculosis (DURATION) 3 mos DAYS

(Signed) Mary Russell Coplein M. D.

June 7 1907 (Address) 1028 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: 8 June 1907

UNDERTAKER: Edward A Byrne

ADDRESS: 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 14 — C 1654 — Registered No. B C 1654

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Salvaprice Mantellaro

{Residence, if in Baltimore, Give Street and Number.} 609 W Saratoga St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Schilling

(Address) 9 S Pappleton

Filed 6/8 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 - 7 - 1907

I HEREBY CERTIFY, That I attended deceased from 6-2- 1907 to 6-7 1907

that I last saw her alive on 6-7 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 2 DAYS

Contributory (Primary) Capillary Bronchitis (DURATION) 7 DAYS

(Signed) S. Drmarco M.D.

Address 1604 Linden Ave

Date 6-7- 1907

Place of Burial St Vincent Cem

Date June 8 1907

Undertaker Wm J Schilling

Address 9 S Pappleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of B

Ward 14

C 1655 Registered No. B C 1655

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1031 E. Fort Ave

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Benock

{Residence, if in Baltimore, Give Street and Number.} 1031 E. Fort Ave

Duration of Residence in Baltimore. 5 Mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 29 1906

AGE ..... years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Stanislaus Benock

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lizzie Rozenek

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie X Benock

(Address) 1031 E Fort Ave

Filed 6/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7th June 1907

I HEREBY CERTIFY, That I attended deceased from 6th June 1907 to 7th June 1907

that I last saw him alive on 7th June 1907

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Anaemia (Hemorrhage)

(DURATION) 3 DAYS

Contributory (Primary) Exhaustion

(DURATION) 21 DAYS

(Signed) James Cooper M.D.

Address 1322 Hull St

Date 7th June 1907 190

Place of Burial St. Stanislaus

Date June 8th 1907

Undertaker Jos. Stanleick

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward IV 4 — C 1656 — Registered No. B C 1656

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martha Phillips

{Residence, if in Baltimore, Give Street and Number.} 617 Jasper St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: — 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/8 1907

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6. 1907.

I HEREBY CERTIFY, That I attended deceased from Feby 8. 1907 to June 6, 1907 that I last saw her alive on June 5. 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Broncho Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M Dunnbee M.D.

Address Bay View Asylum

Date June 6. 1907

Place of Burial Mt Hope

Date June 9th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of

Ward 11 — C 1657 — Registered No. B C 1657

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 Lyon St — St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Catherine E. Brown

{Residence, if in Baltimore, Give Street and Number.} 712 Lyon St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	— 1
AGE	90 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Jones

(Address) Orchard St

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday June 7th 1907

I HEREBY CERTIFY, That I attended deceased from May 4th 1907 to June 7th 1907

that I last saw h[er] alive on May 15th 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Bedrid (DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Addie Mch M.D.

Address 607 N. Arlington Ave

Date June 8th 1907

Place of Burial Mt Auburn

Date June 9th, 1907

Undertaker R. A. Ellicott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 5 — C 1658 — Registered No. B C 1658

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 Lewis St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Bennie Butts

{ Residence, if in Baltimore, Give Street and Number. } 404 Lewis St

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: B.

DATE OF BIRTH: 1

AGE: 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Edward Butts

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Emma Hassel

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Butts

(Address) 404 Lewis St

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h~~im~~ alive on ~~190~~

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. R. Cummins M.D.

Address Coroners Office

Date June 6-07 1907

Place of Burial Laurel

Date June 8 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City

Ward 20 C 1659 Registered No. B C 1659

1 2 3

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 S Payson St St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Louis Rheb

{ Residence, if in Baltimore, Give Street and Number. } 403 S Payson St

Duration of Residence in Baltimore. 5½ years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 14 1824

AGE: 82 years, 6 months, 17 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germay.

FULL NAME OF FATHER: Louis Rheb

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Louise Fisher

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Rheb

(Address) 403 S Payson St

Filed 6/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 6" 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to June 6 1907 that I last saw h in alive on June 6 1907, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

old age, Cystitis + tonsilitis

(DURATION) 25 DAYS

Contributory (Primary.) Coma

(DURATION) 1 DAYS

(Signed) H C Kunkel M.D.

Address 1002 W. Lanvale

Date June 7/07 1907

Place of Burial Louden Park

Date June 9" 1907

Undertaker N S Fink

Address 2113 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 1660 — Registered No. B C 1660

147 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2244 East Chase St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mamie E. Wilson

{Residence, if in Baltimore, Give Street and Number.} 2244 East Chase st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 12, 1878

AGE 28 years, 8 months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER James R. Wilson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Norah R. Blocker

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Wilson

(Address) 2244 E. Chase st

Filed 6/8 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6, 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to June 1907 that I last saw her alive on June 6 1907, and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anemia
8-Months (DURATION) — DAYS

Contributory (Primary.) Arthritis
3-years (DURATION) — DAYS

(Signed) James. E. Pauline M.D.

Address 1409 York Road

Date June 7th 1907

Place of Burial Mt. Carmel Cemty

Date June 9, 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1661

City of Baltimore, (No. 1610 Harford ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Kersig

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 5th 1845 (Month) (Day) (Year)

AGE: 62 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Chas Reisig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Eichen

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Harnessmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Reisig

(Address) 1610 Hanford ave.

Filed 6/8 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to June 7 1907 that I last saw h alive on June 7 1907, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Dementia due to Neurasthenia developing into Meningitis (DURATION) 14 DAYS

Contributory Meningitis and Pneumonia (DURATION) 24 hours

(Signed) G. C. E Fogler M. D.

June 7 1907 (Address) 1232 E. Fort Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore County

DATE OF BURIAL: June 10 1907

UNDERTAKER: Zirkler & Zirkler

ADDRESS: 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1662

City of Baltimore, (No. 1916, Penna ave, St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline A. Kahl

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March (Month) 31 (Day) 1840 (Year)
AGE	67 years, 2 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Frederick Schlegel,
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Rosa Schuman,
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. Rosa Kahl,

(Address) 1916 Penna. Ave.

Filed 6/8 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 6 1907 that I last saw her alive on June 5th 1907, and that death occurred, on the date stated above, at 10.15 a. m. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) 15 Hours DAYS

Contributory Heart-Brain Failure

(DURATION) ..... DAYS

(Signed) Howard C. Gilbert M. D.

June 7 1907 (Address) 1914 Bolton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	June 9 1907
UNDERTAKER	ADDRESS
Geo. W. Little,	561 N. Fremont

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of

Ward 17 C 1663 Registered No. B C 1663

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CERTIFICATE OF DEATH.

(Place of Death.) No. 754 N Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara F. Staines

{ Residence, if in Baltimore, Give Street and Number. } 724 N Franklin St.

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 12 1853

AGE 53 years, 11 months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Carroll Co Md

FULL NAME OF FATHER Henry P. Albaugh

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md

MAIDEN NAME OF MOTHER Ellen Newman

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Staines

(Address) 754 N. Franklin St

Filed 6/8/07 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Date June 8th 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to June 8th 1907

that I last saw her alive on June 7 1907

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Hepatica

(DURATION) 6 mos DAYS.

Contributory (Primary) Ascites.

(DURATION) 3 mos DAYS

(Signed) Augustus Tom M.D.

Address 25 Ch & St Paul Sts

Date Date June 8th 1907

Place of Burial Arcadia Md

Date June 10 1907

Undertaker Geo. A. Teale

Address 631 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 1664 Registered No. B C 1664

CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmina Reichert.

{ Residence, if in Baltimore, Give Street and Number. } 1419 E. Eager St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 10th 1843

AGE 63 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Louis Reichert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bensel

(Address) 1708 N. Collington Ave

Filed 6/8 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June - 5th - 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 5th 1907

that I last saw her alive on June 5th 1907,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach.

Con'tributory (Primary.) Exhaustion. (DURATION) DAYS

(DURATION) DAYS

(Signed) Emil J. Klauer M.D.

Address 1419 E Eager St

Date June 7th 1907

Place of Burial St Matthews Cem

Date June 8th 1907

Undertaker H. Sander & Son

Address 1715 Canton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1660

1 5

Mission

Ward 7

C 1663

Registered No. B C 1663

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 W Lemon St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary L Benner

{Residence, if in Baltimore, Give Street and Number.} 735 W Lemon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 17, 1881

AGE 26 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fred Boyd

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary C. Keelholtz

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. L. A. Benner

(Address) 735 W Lemon.

Filed 6/8/07 190

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 190 7

I HEREBY CERTIFY, That I attended deceased from May 23 190 7 to June 7 190 7

that I last saw her alive on June 6 190 7

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate)

Acute Asthenia

(DURATION) 14

Contributory (Primary) Unknown

(DURATION) ? DAYS

(Signed) Edw Grempler M.D.

Address 512 Lodge

Date June 7 190 7

Place of Burial London Park

Date Mon. June 10 190 7

Undertaker Wm. J. Dickenson

Address Camden & Paca

W[illegible] MILANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B C 1667

C 1667

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robert McGinn

{ Residence, if in Baltimore, Give Street and Number. } ~~2[illegible]~~ N. Front st.

Duration of Residence in Baltimore 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Divorced

BIRTHPLACE (State or country): Balt. Co. Md

FULL NAME OF FATHER: Robert C. McGinn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Miss Wright

BIRTHPLACE OF MOTHER (State or country): Balt. Co. Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Mrs. L. McGinn

(Address) 932 Madison ave

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3, 1907

I HEREBY CERTIFY, That I attended deceased from 1906 to 1906

that I last saw him alive on 1906,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Caroline st

Date June 8 1907

Place of Burial Greenmount Cemetery

Date June 8, 1907

Undertaker Henry W. Maus & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

112

CERTIFICATE OF DEATH.

Registered No. B C 1668

City of Baltimore, (No. 1011, W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Schultz,

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Wh.
DATE OF BIRTH	Sept 1 (Month) 1854 (Day) (Year)
AGE	52 years, 8 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Conrad Schultz.
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Henrietta Finck
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Miss Schultz

(Address) 1011 W. Lexington St

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 7th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 11th 1907 to June 7th 1907 that I last saw him alive on June 7th 1907, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Cirrhosis of the Liver,

(DURATION) 116 DAYS

Contributory Diabetes

(DURATION) 14 DAYS

(Signed) Charles E. Cs M. D.

June 7th 1907 (Address) 1111 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Louden Park.	June 10 1907
UNDERTAKER	ADDRESS
Wm Andrews Rohde Sons	730 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 1669 Registered No. B C 1669 L 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1027 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gingeanna A. Dare

{ Residence, if in Baltimore, Give Street and Number. } 1027 N. Carey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	White

DATE OF BIRTH: Aug 9th 1837

AGE: 68 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Buckingham

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Imona McKenzie

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B Dare

(Address) 1008 Arlington ave.

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Chronic Nephritis (DURATION) ..... DAYS

Con'tributory (Primary.) Tentanus

Hemorrhage (DURATION) ..... DAYS

(Signed) Silas Baetzman M.D.

Address 700 Logan av. (Canton)

Date June 8th 190

Place of Burial Balto. Cem.

Date June 10 1907

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1670

City of Baltimore, (No. 719, Forrest St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ehrlein

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr. (Month) 4 (Day) 1906 (Year)

AGE — years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank J. Ehrlein

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Alberta Hutson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Ehrlein

(Address) 719 Forrest St.

Filed 6/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5th 1907 to June 6th 1907 that I last saw her alive on June 6th 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) John J. Fick. M. D.

June 7th 1907 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Most Holy Redeemer | DATE OF BURIAL June 9th 1907

UNDERTAKER Wm Cook | ADDRESS 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 1671 Registered No. B ..... C 1671

CERTIFICATE OF DEATH.

80V

(Place of Death.) No. 2703 Eastern ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ezra A. Brown

{Residence, if in Baltimore, Give Street and Number.} 2703 Eastern ave.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: July 16th 1872

AGE: 34 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Massachussetts

FULL NAME OF FATHER: Ezra Brown

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Mary B. Hewett

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lillie W. Brown

(Address) 2703 Eastern av.

Filed 6/8/07 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1907

I HEREBY CERTIFY, That I attended deceased from May 30th 1907 to June 6th 1907 that I last saw h. alive on June 6th 1907, and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Smigmead M.D.

Address 5 N. Washington sq.

Date June 7th 1907

Place of Burial Loudon Park Amitery

Date June 9th 1907

Undertaker William Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 1672 Registered No. B C 1672

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinet. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Evelyn Hurst,

{ Residence, if in Baltimore, Give Street and Number. } St. Vinet. Inf Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	May 25 / 1907
AGE	..... years, ... months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/8 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to June 7 1907 that I last saw h[illegible] alive on June 6 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) G. H. Hayward M.D.

Address 1230 Carlton

Date 6/7 1907

Place of Burial Mt. Cathedral

Date June 8th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

C 1673

Ward 11

Registered No. B C 1673

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Gibbons Ellerman

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf Asy,

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Oct 1 1907

AGE ..... years, 7 months & 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 10/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to June 6 1907 that I last saw him alive on Jan 5 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carrollton

Date 190

Place of Burial Mayr Cathedral

Date June 8th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 1674

Ward 11

Registered No. B C 1674

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinet Inf. asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Mork,

{ Residence, if in Baltimore, Give Street and Number. } St. Vinet Inf. asy, City.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Apr 7 1901
AGE	years, 2 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Ces
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) S. V. I. Asy.

Filed 6/8 1907

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/7 1907

I HEREBY CERTIFY, That I attended deceased from Apr 7 1907 to Jun 7 1907

that I last saw h[illegible] alive on Jun 6 1907,

and that death occurred, on the date stated above, at 3 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1327 Carlton Ave City

Date 190

Place of Burial New Cathedral

Date June 8th 1907

Undertaker Martin Fahey & Lord

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 1675 Registered No. B C 1675 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Hackett.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asylum

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	Apr 23 1907
AGE	1 year, 1 month, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	[illegible]
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. I. Asy.

Filed 6/8 1907 (CHARITY OF ANDREWS) (PERMIT CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6, 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to Jun 6 1907

that I last saw her alive on Jun 6 1907

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1205 N Caroline

Date 6/7 1907

Place of Burial New Cathedral

Date June 8th 1907

Undertaker Martin Fahey Sons

Address 116 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 1676

Ward 14 C 1676 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vinet Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augustine Grant

{Residence, if in Baltimore, Give Street and Number.} St Vinet Inf asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May 27 1907

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. City

Filed 6/8 1907 Registrar

CHIEF CLERK'S PERMIT CLERK'S

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to Jun 6 1907 that I last saw him alive on June 6 1907, and that death occurred, on the date stated above, at 9

F. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. K. Hayward M.D.

Address 1230 N Carey

Date 190

Place of Burial New Cathedral

Date June 8th 1907

Undertaker Martin Fahey & Sons

Address 660 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

C 1677

Registered No. B C 1677

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Skinner's Drydock Locust Point St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Reinhart Anderson

{ Residence, if in Baltimore, Give Street and Number. } S.S Aagot. Locust Point.

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dont know

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Norway.

FULL NAME OF FATHER Dont know.

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know.

OCCUPATION OF DECEASED 3rd Engineer S.S Aagot.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. R.H Ewold.

(Address) S.S Aagot.

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7. 1907.

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull.

Accidental fall to hold of S.S Aagot.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. McEwinland M.D.

Address Coroner.

Date June 8. 1907

Place of Burial CEDAR HILL JUN 8 - 1907

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 1678 Registered No. B C 1678

CERTIFICATE OF DEATH.

90 ✓

Place of Death.) No. 2115, E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Selby Edwin Pritchard

{ Residence, if in Baltimore, Give Street and Number. } 2115, E. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: April 23 1906

AGE: 1 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Selby Harney Pritchard

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Annie Holt

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Selby Harney Pritchard

(Address) 2115 E. Lombard St.

Filed 6/6 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from May 19 1907 to June 6 1907 that I last saw h alive on June 6 1907, and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia (DURATION) 1 DAYS

Contributory (Primary.) Capsulitis

Bronchitis (DURATION) 17 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date June 7 1907

Place of Burial Loudon Park

Date June 8 1907

Undertaker Pitt Funeral

Address 1 Way. Valet

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B [illegible]

City of Baltimore, (No. 1907 E Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles W Maccubbin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 12 1853 (Month) (Day) (Year)

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard Maccubbin

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Alvina Harrison

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Confectioner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas S Maccubbin

(Address) 1907 E Preston

Filed 6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 31 1907 to June 6 1907

that I last saw him alive on June 6 1907,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Dynamic Exhaustion

(DURATION) DAYS

Contributory Cerebro-Spinal Meningitis

(DURATION) 7 DAYS

(Signed) H C Knapp, M. D.

June 7 1907 (Address) 1214 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet

DATE OF BURIAL: June 9 1907

UNDERTAKER: Robt Kenney

ADDRESS: Bway.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

C 1680

Registered No. B C 1680

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 411 W. Barre St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lizzie Thomas

{ Residence, if in Baltimore, Give Street and Number. } 411 W. Barre St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH August 11 1888

AGE 18 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co. Md.

FULL NAME OF FATHER Rhesus Thomas

BIRTHPLACE OF FATHER (State or country) Calvert Co, Md.

MAIDEN NAME OF MOTHER Eliza Thomas

BIRTHPLACE OF MOTHER (State or country) Calvert Co, Md.

OCCUPATION OF DECEASED Serv't.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Farren

(Address) 411 W. Barre St.

Filed 6/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1907

I HEREBY CERTIFY, That I attended deceased from June 5th 1907 to Date 1907 that I last saw h[illegible] alive on June 6th 1907, and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute

Pulmonary

Tuberculosis

(DURATION) 4 or 50 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. P. Nuckols M.D.

Address 527 S. Paca St.

Date June 6th 1907

Place of Burial Mt Auburn cemetery

Date June 8 1907

Undertaker Geo H Hooper

Address 609 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1681 Registered No. B ..... 64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 S. Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen S. Williams

{ Residence, if in Baltimore, Give Street and Number. } 1108 Chesapeake St.

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Aug 11 1848
AGE	58 years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Jesse Wootton
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Maria Echols
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Bayard Williams

(Address) 1108 Chesapeake St.

Filed 6/8 1907 D. O. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to June 6th 1907

that I last saw her alive on June 6 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

Paralysis

(DURATION) — DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 9 hours DAYS

(Signed) David W. Jones M.D.

Address 3116 O'Donnell St

Date June 7th 1907

Place of Burial Mount Carmel Cem

Date June 9 1907

Undertaker Germania Franc

Address Bank & Eden Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1682 Registered No. B 167 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 798 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Hardwood

{Residence, if in Baltimore, Give Street and Number.} 798 Sarah Ann St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: Jan 1 1904

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): M D

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): M D

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Smith

(Address) 798 Sarah Ann

Filed 6/8/ 1907 S. L. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to June 1907

that I last saw h... alive on ... 190..,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Septic Pneumonia

Secondary to Lesion from

Cor oil Lamp (DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harley M.D.

Coroner

Address

Date June 8 1907

Place of Burial Mt Olivet

Date June 8 1907

Undertaker R. L. Packman Co

Address 1213 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1683 Registered No. B 71 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 328 Pine St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H. Bailey

{Residence, if in Baltimore, Give Street and Number.} 328 Pine st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Mail
COLOR	Colored
DATE OF BIRTH	1
AGE	2 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	James Bailey
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Robison
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Robison

(Address) 328 Pine

Filed 6/8/ 1907 S.E.C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) Sudden DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Walter M.D.

Address Coroner

Date June 8 1907

Place of Burial Mt Auburn Cemetery

Date June 8 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 1684 Registered No. B 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1704 Fawn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Casimir Gielaski

{ Residence, if in Baltimore, Give Street and Number. } 1704 Fawn St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 6 years, 6 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Stanislaus Gielski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Adolfa Ozakowski

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Hisbeck

(Address) 330 S. Bond st.

Filed 6/8/ 1907 S.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 — 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to June 7 1907 that I last saw h— alive on June 7 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia —

1 day — (DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. C. Brune M.D.

Address 330 S. Bond

Date June 7 1907

Place of Burial St. Mary's Cem.

Date June 9 1907

Undertaker Kindell Siffel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1685 Registered No. B C 1685

CERTIFICATE OF DEATH.

(Place of Death.) No. 2313 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1410 Anthony St.

Duration of Residence in Baltimore. 50 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 23rd 1844

AGE 62 years, 0 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Co. Md

FULL NAME OF FATHER John R. Foulke

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Julia Webster

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Foulke

(Address) 2313 E Fayette

Filed 6/9 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from May 23rd 1907 to June 7 1907

that I last saw her alive on June 3 1907.

and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Tuberculosis (DURATION) 6 Mos. DAYS

Contributory (Primary.) Asthenia (DURATION) 3 WEEKS DAYS

(Signed) M. J. McAvoy M.D.

Address 834 S. Canton Av.

Date June 8th 1907

Place of Burial Green Mount Cemetery

Date June 9 1907

Undertaker Robt. J. Swann

Address 1 Bay. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 1686 Registered No. B C 1686

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1341 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Pollock

{Residence, if in Baltimore, Give Street and Number.} 1341 Woodyear St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltd. Md

FULL NAME OF FATHER: Wm Pollock

BIRTHPLACE OF FATHER (State or country): N. C

MAIDEN NAME OF MOTHER: Sarah Barber

BIRTHPLACE OF MOTHER (State or country): N. C

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Pollock

(Address) 1341 Woodyear

Filed 6/9 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jun 7 1907 that I last saw h[illegible] alive on Jun 6 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis

Chronic (DURATION) 6 mo DAYS

Contributory (Primary.)

(DURATION) 6 mo DAYS

(Signed) [illegible] M.D.

Address 1125 Park St

Date June 7 1907

Place of Burial Mt Auburn

Date June 9 1907

Undertaker Jas H. Toadvine

Address 142 N Pitts St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B C 1687

C 1687

CERTIFICATE OF DEATH.

27 L

(Place of Death.) No. 818 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lula Jackson

{ Residence, if in Baltimore, Give Street and Number. } 818 Stockholm St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm J. Grason

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Coge

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Grason

(Address) 818 Stockholm

Filed 6/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to June 6 1907 that I last saw h alive on June 5 1907 and that death occurred, on the date stated above, at 10.30 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Bronchial

(DURATION) 4 mos 5 days

Contributory (Primary.) Heart Failure

(DURATION) 20 Hrs DAYS

(Signed) [illegible] M.D.

Address 715 Shark St

Date June 7th 1907

Place of Burial Laurel Cem

Date June 9 1907

Undertaker Jno H. Toadvine

Address 4 Dunbar St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st C 1688 Registered No. B C 1688

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 312 S. Duncan St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George M. Peterson

{Residence, if in Baltimore, Give Street and Number.} 312 S. Duncan St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 2d 1

AGE: — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Martin Peterson

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Lizzie Vaugh

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr H. Peterson

(Address) 312 S. Duncan St

Filed 6/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to June 7 1907 that I last saw him alive on June 6 1907 and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

Cardiac Exhaustion (DURATION) 1 DAYS

Con'tributory (Primary.) Gastro Enteritis (DURATION) 10 DAYS

(Signed) A C Tomlinson M.D.

Address 2013 Bank st

Date June 7th 1907

Place of Burial Mount Carmel

Date June 9th 1907

Undertaker Wm Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1689 Registered No. B C 1689

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph M Baierliff

{Residence, if in Baltimore, Give Street and Number.} 1034 N Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 28 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John M. Baierliff

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Groff

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Baierliff

(Address) 1034 Washington Ave

Filed 6/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at 3:2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Suicide by hanging

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ernest Cameron M.D.

Address Coroner

Date June 7-07 190..

Place of Burial Baltimore Cemetery

Date June 10th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 1690 Registered No. B C 1690

CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 N. Central Avenue St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John T. McCartney

{ Residence, if in Baltimore, Give Street and Number. } 1416 N. Central Ave.

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 12 Feb. 1866. 1

AGE 41 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Peter McCartney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catharine Curley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Oiler of cranes B. & O. R.R. Co.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P S McCartney

(Address) 2818 Pennsylvania

Filed 6/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th (midnight) 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to June 6th 1907 that I last saw him alive on June 3d 1907 and that death occurred, on the date stated above, at 12 night. CAUSE OF DEATH (Secondary or Immediate)

Rapid Tuberculosis

following Pneumonia

(DURATION) 36 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo Reading M.D.

Address 103 W. Monument st

Date June 7th 1907

Place of Burial Cathedral

Date June 10th 1907

Undertaker Albert F Phillips

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B C 1691

C 1691

CERTIFICATE OF DEATH.

83

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jones

{Residence, if in Baltimore, Give Street and Number.} 312 W 28th St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH Apr 7 1835

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Childress

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Jones

(Address) 29 Bd Huntington

Filed 6/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to June 8 1907 that I last saw h[e] alive on June 8 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility.

(DURATION) ... DAYS

Contributory (Primary.) Nephritis chronic.

Senility (DURATION) ... DAYS

(Signed) Victor F. Cullen M.D.

Address St Josephs Hospital

Date June 8 1907

Place of Burial Loudon Park

Date June 11 1907

Undertaker A S Blanchard

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

D

HEALTH DEPARTMENT, CITY OF BALTIMORE.

151 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1692

City of Baltimore, (No. 419 S. Spring St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Geo. & Celia Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: June 8th 1907 (Month) (Day) (Year)

AGE: ..... years, ... months, 1 Hour ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo Morris

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Celia Harris

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Morris

(Address) 419 S. Spring St.

Filed 6/9 1907

SAINT C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 8th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 8th 1907 to June 8th 1907 that I last saw h[illegible] alive on June 8th 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Premature Birth
lived one hour

— (DURATION) — DAYS

Contributory —

— (DURATION) — DAYS

(Signed) A. F. Reis M. D.

June 8th 1907 (Address) 213 S Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Asbury

DATE OF BURIAL: June 10th 1907

UNDERTAKER: Wm J. G. Jackson

ADDRESS: 142 Bullitt St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 1693 Registered No. B C 1693

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1924 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Lee McNamara

{ Residence, if in Baltimore, Give Street and Number. } 1924 Eastern ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	May 23rd 1896
AGE	11 years, months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Edward J. McNamara
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Delilah Taylor
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth McNamara

(Address) 1924 Eastern Ave.

Filed 6/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1907

I HEREBY CERTIFY, That I attended deceased from June 5th 1907 to June 8th 1907 that I last saw h. living alive on June 7th 1907, and that death occurred, on the date stated above, at 12:40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Ch. Nephritis

(DURATION) DAYS

(Signed) M.D.

Address J. E. Gately - 111 S. Broadway

Date June 8th 1907

Place of Burial Mt Carmel

Date June 10th 1907

Undertaker H. Snyder & Son

Address 1710 Caulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1694 Registered No. B C 1694

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Rose Salapia,

{Residence, if in Baltimore, Give Street and Number.} St. Vinct Inf. Asylum

Duration of Residence in Baltimore. Life time,

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: March 23, 1907

AGE: ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Annapolis, Md.

FULL NAME OF FATHER: Joseph Salapia

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Rose

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ester Salapia

(Address) St Vinct Inf Asylum

Filed 6/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th, 1907

I HEREBY CERTIFY, That I attended deceased from May 23, 1907 to June 8th 1907, that I last saw her alive on June 7 1907, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute gastro-enteritis

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Hayward, M.D.

Address 12302 Caroline st

Date 6/8 1907

Place of Burial St Peters

Date June 10 1907

Undertaker Martin Fahey & Sons

Address 606 W La Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1695 Registered No. B ..... C 1695

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 N. Madiera St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Svasek

{Residence, if in Baltimore, Give Street and Number.} 715 N. Madiera St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Albert Svasek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Svasek

(Address) 715 N Madiera

Filed 6/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2 - 1907 to June 8 1907

that I last saw h[illegible] alive on 1907

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

5 Months (DURATION) ..... DAYS

Contributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) W. J. Kyasnet M.D.

Address 2108 Eastern Ave

Date 6/8/07 1907

Place of Burial Holy Redeemer

Date June 10 1907

Undertaker Frank Svasek

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 1696 Registered No. B C 1696

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2215 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathew K. Aiken

{ Residence, if in Baltimore, Give Street and Number. } 2215 N. Calvert

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: May 12th 1844

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co

FULL NAME OF FATHER: John Robt Aiken

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Hannie Kelly

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Book-keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Aiken

(Address) 2215 N. Calvert

Filed 6/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 to Jan 6 190—

that I last saw him alive on June 7 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease of Heart

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date June 8 1907

Place of Burial New Cathedral

Date June 10 1907

Undertaker E. A. Fitzpatrick Jr

Address 2113 Guilford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1697

City of Baltimore, (No. 112, Rosland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Lehn,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail. | COLOR: White.

DATE OF BIRTH: Dec. (Month) 28 (Day) 1903 (Year)

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Andrew F. Lehn.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Margaret Hasselberger.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Lehn (Mother)

(Address) 112 Rosland Ave.

Filed 6/9 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 13, 1907 to June 8, 1907 that I last saw him alive on June 7, 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 22 DAYS

Contributory Mitral lesion of heart

(DURATION) — DAYS

(Signed) Wm. McDonald M. D.

June 8 1907 (Address) 206 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross C A Co. | DATE OF BURIAL: June 10 1907

UNDERTAKER: C Hark | ADDRESS: Dear. 113 E West St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th C 1698 Registered No. B C 1698

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 W. Wayne St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of William 3rd & Isabelle Sims

{Residence, if in Baltimore, Give Street and Number.} 222 W Wayne St.

Duration of Residence in Baltimore. 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: June 5th 1907

AGE: 0 years, 0 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: William Sims

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

MAIDEN NAME OF MOTHER: Isabelle Marbey

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co Md

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Sims

(Address) 222 W Wayne St

Filed 6/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 9 1907 that I last saw h-- alive on June 9 1907, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.) Premature

(DURATION) DAYS

(Signed) Arthur M. Dunning M.D.

Address University Hospital

Date June 9 1907

Place of Burial Mt Auburn St

Date June 9th 1907

Undertaker J L Brownawell

Address 1518 W Monroe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 1699 Registered No. B C 1699

CERTIFICATE OF DEATH.

1790

(Place of Death.) No. 206 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John albert Williams

{ Residence, if in Baltimore, Give Street and Number. } 206 East St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE — years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frank Williams

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Amelia Rumbin

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Williams

(Address) 206 East St

Filed 6/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from Croup 1907 to Same 1907

that I last saw him alive on — 190—,

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. F. Hardesty M.D.

Address 1216 N Caroline St Croup

Date June 8, 1907

Place of Burial Laurel V

Date June 9 — 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 1700

CERTIFICATE OF DEATH.

City of Baltimore, (No. 507 N. Port St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard A. Behr

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: — years, — months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Behr

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Kate Hisler

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Behr

(Address) 507 N. Port St.

Filed 6/9/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 7 1907 that I last saw him alive on June 7 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Obstruction of Intestines

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Fredk J. Gilbert M. D.

June 8 1907 (Address) 248 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 10 1907

UNDERTAKER: Wendell Tippel & Son — ADDRESS: 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1911 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ervin Smith

{Residence, if in Baltimore, Give Street and Number.} 1911 Orleans St C 1701

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH June 8 1907

AGE ..... years, ... months, half hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Smith

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Tillie Stumpf

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tillie Stumpf

(Address) 1911 Orleans St

Filed 6/9/ 1907 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 8 1907 that I last saw him alive on June 8 1907, and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate).

Premature birth at 6½ months

half hour (DURATION) days

Contributory (Primary.) Ex Prematurity

half hour (DURATION) days

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date June 8 1907

Place of Burial M. E. Cemetery

Date JUN 10 1907 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C.1702 Registered No. B 1702 1147

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Hunter M.D.

{ Residence, if in Baltimore, Give Street and Number. } Rock Hill, S.C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country)

FULL NAME OF FATHER Mitchell Hunter

BIRTHPLACE OF FATHER (State or country) Georgia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Doctor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Lake

(Address) Washington D.C.

Filed June 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to June 9th 1907

that I last saw him alive on June 9 1907,

and that death occurred, on the date stated above, at 5.10 A.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Cholangitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. F. Riggs M.D.

Address Union Protestant Infirmary

Date June 9-07 190

Place of Burial Rock Hill S.C.

Date June 10- 1907

Undertaker E. M. Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1703 Registered No. B ..... C 1703

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 Guilford ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Raymond F. Healey

{ Residence, if in Baltimore, Give Street and Number. } 231 Guilford ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 16 1906

AGE 1 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER F. J. Healey

BIRTHPLACE OF FATHER (State or country) U.S.A.

MAIDEN NAME OF MOTHER Mary Green

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. J. Healey

(Address) 231 Guilford ave

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 5 — 1907 to June 9 1907 that I last saw h— alive on June 8 — 1907, and that death occurred, on the date stated above, at 12 noon.

I. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

about 3 or 4 days (DURATION) DAYS

Contributory (Primary.) abscess of leg and Nutrition 2 or 3 weeks (DURATION) DAYS

(Signed) C. M. Cook M.D.

Address 1101 W Lanvale st

Date June 9 — 1907

Place of Burial Greenmount Cemetery

Date June 10 1907

Undertaker Robt J Smith

Address Broadway & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B C 1704

C 1704

CERTIFICATE OF DEATH.

1797

Place of Death.) No. 134 N. Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Edward Palmer

{ Residence, if in Baltimore, Give Street and Number. } 134 N. Grove st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH December 3 1906

AGE — years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Wm E. Palmer

BIRTHPLACE OF FATHER (State or country) Cambridge Md

MAIDEN NAME OF MOTHER Anna M. Vane

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Wm E. Palmer

(Address) 134 N. Grove st

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1907

I HEREBY CERTIFY, That I attended deceased from January 1907 to June 8th 1907

that I last saw h alive on June 8th 1907

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. Ross M.D.

Address 1833 E Baltimore St

Date June 9th 1907

Place of Burial Oaklawn Cemetary

Date June 10/07 190

Undertaker Christian Miller

Address 533 d Jefferson st

W. M. E. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 1705 Registered No. B C 1705

CERTIFICATE OF DEATH.

(Place of Death.) No. 2228 Preston Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J. Gittinger

{Residence, if in Baltimore, Give Street and Number.} 2228 Preston Place

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 8th 1878

AGE: 28 years, 10 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George C. Gittinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Luft

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Soliciter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Gittinger

(Address) 2228 Preston Place

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1907

I HEREBY CERTIFY, That I attended deceased from August 1" 1906 to June 8" 1907 that I last saw h~~im~~ alive on June 8" 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis.

(DURATION) 10 ~~Days~~ Mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 8372 E. Eutaw St.

Date June 9" 1907

Place of Burial Baltimore Cemetary

Date June 11th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 Registered No. B C 1706

C 1706

CERTIFICATE OF DEATH.

452

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Franklin Porter

{Residence, if in Baltimore, Give Street and Number.} "The Mentreal" Chas. & Mt Royal

Duration of Residence in Baltimore. Thirty-seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 26 1852

AGE 55 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) West Va.

FULL NAME OF FATHER William Edw. Porter

BIRTHPLACE OF FATHER (State or country) Cecil Co. Md.

MAIDEN NAME OF MOTHER Sarah Parson

BIRTHPLACE OF MOTHER (State or country) Chester Co. Pa.

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Porter

(Address) 2430 N. Calvert.

Filed 6/10 1907

[illegible] O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 7th 1906 to June 10th 1907

that I last saw h[illegible] alive on June 10th 1907,

and that death occurred, on the date stated above, at 5:10 a. m. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Groin

(DURATION) ~~DAYS~~

(Signed) E. E. Roberts M.D.

Address University Hospital

Date June 10th 1907

Place of Burial Colora. Cecil Co. Md

Date June 12th 07 190

Undertaker J. Henry H. Jenkins Sons Co

Address W. W. Co. Howard & Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1707

City of Baltimore, (No. 764, W. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ira Hammersbough

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: July (Month) 1 (Day) 1877 (Year)

AGE: 29 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Washington, D. C.

FULL NAME OF FATHER: Julian Hammersbough

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Cecelia Myers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora E Hammersbough

(Address) 764 Hamberg St

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to June 9 1907

that I last saw him alive on June 8 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

~~Acute Nephritis~~

Acute Nephritis

(DURATION) 7 DAYS

Contributory Uremic Coma

(DURATION) 1 DAYS

(Signed) H C Kniffe M. D.

June 9 1907 (Address) 100 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: June 12 1907

UNDERTAKER: C H Blizzard & Co

ADDRESS: 1119 Pa ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 16 C 1708 Registered No. B 36

CERTIFICATE OF DEATH.

(Place of Death.) No. 874 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jadie Young

{Residence, if in Baltimore, Give Street and Number.} 874 Raborg St

Duration of Residence in Baltimore. 31 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER Lucy Dick

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Williams

(Address) 874 Raborg St

Filed 6/10/ 1907 W L C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to June 6 1907 that I last saw h[illegible] alive on June 5 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Necrosis Bones of Skull

Purulent Meningitis

Tertiary Syphilis

4 yrs (DURATION) DAYS

Con'tributory (Primary) Ascitis

6 mos (DURATION) DAYS

(Signed) E Norwood M.D.

Address 739 N Fayette

Date June 7 1907

Place of Burial Laurel

Date June 10th 1907

Undertaker R. A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 1709 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Jane Blacklock

{ Residence, if in Baltimore, Give Street and Number. } Cubhill, Balto. Co. Md.

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER David Blacklock

BIRTHPLACE OF FATHER (State or country) \

MAIDEN NAME OF MOTHER \

BIRTHPLACE OF MOTHER (State or country) \

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Blacklock

(Address) Cubhill Md

Filed 6/10 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 8 1907 that I last saw h er alive on June 8 1907 and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

Contributory (Primary.) Chronic Bronchitis (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) Victor D Cullen M.D.

Address St Joseph's Hospital

Date Jun 8 1907

Place of Burial Presbeterian Cem. Govans

Date June 11 07 1907

Undertaker Jno Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Removal to Cubhill Balto Co Md

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1710 Registered No. B C 1710 ✓ 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1130 Forrest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Gray

{Residence, if in Baltimore, Give Street and Number.} 1130 Forrest Place

Duration of Residence in Baltimore. Fifty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Nellie James

(Address) 1130 Forrest Place

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1907

I HEREBY CERTIFY, That I attended deceased from June 8th 1907 to June 8 1907 that I last saw h[illegible] alive on June 8 1907, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1238 Green Bay

Date June 8th 1907

Place of Burial Greenmount

Date June 11/07 190

Undertaker [illegible]

Address [illegible] E Northam

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1711

City of Baltimore, (No. 13 Carey St Ext St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary A Higgins

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 18 1865
(Month) (Day) (Year)

AGE 41 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Saml. Kinsey

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth D. Young

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Kinsey

(Address) 13 Carey St Ext.

Filed 6/10 1907

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to June 8 1907

that I last saw her alive on June 8 1907,

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Uraemia & Bright's disease
Complicating Pregnancy.
Conf. June 2/07 dead foetus
7½ mo. suppose (DURATION) Seven Months DAYS

Contributory Cerebral Hemorrhage
& Hemiplegia (DURATION) 4 DAYS

(Signed) E. E. Smith M. D.

June 9 1907 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	June 11 1907
UNDERTAKER	ADDRESS
Wm Cook	505 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation, residence, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 1712 Registered No. B C 1712

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 Buren St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie V. Hess

{ Residence, if in Baltimore, Give Street and Number. } 711 Buren st

Duration of Residence in Baltimore. 6 1/2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hess.

(Address) 711 Buren St

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8, 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to June 1907

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 E. Cardinal st

Date June 9, 1907

Place of Burial Fayetteville Franklin Co. Pa

Date June 11 1907

Undertaker Wm Cook

Address 2502 E. Hoffman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 1713 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1121. Forrest Place. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Devon

{ Residence, if in Baltimore, Give Street and Number. } 1121. Forrest Place.

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1837
AGE	70 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurence Devon

(Address) 1121. Forrest Place.

Filed 11/10 1907 HARRY G. ANDREWS? PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday June 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 6th. 1907 to June 9th. 1907 that I last saw h[er] alive on June 9th 1907, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

[illegible]

3 days (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) [illegible] M.D.

Address 607 W. Charles St

Date June 10th 1907

Place of Burial New Cathederal Cemetery

Date June 12th, 1907

Undertaker Wm. M. Gawthrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1714 Registered No. B ..... C 1714

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 W Madison St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Infant, Hand.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore..... 10 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 30 1907

AGE ..... years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~single~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Hand

BIRTHPLACE OF FATHER (State or country) Centerville Md.

MAIDEN NAME OF MOTHER Katie Hand

BIRTHPLACE OF MOTHER (State or country) Centerville Md.

OCCUPATION OF DECEASED X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Yetta Katzman

(Address 308 W Madison St.

Filed 6/10 1907 HARRY C. ANDRES Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to ..... 190..

that I last saw him alive on June 6 1907,

and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) defective Cardiac Valves

(DURATION) DAYS

(Signed) M Adelsberg M.D.

Address 742 W Fayette St.

Date June 6-d 1907

Place of Burial St Peters

Date June 10 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 7 — C 1715 — Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 780 W. Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W. Webster

{Residence, if in Baltimore, Give Street and Number.} 780 W. Henry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 7 1841
AGE	66 years, 3 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Henry W. Webster
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Harriet Dellard
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Watchman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amanda Webster

Address 780 W. Henry st

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from Ea. Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Harley M.D.
Coroner

Address

Date June 9 1907

Place of Burial Quaker Cemetery Hanover Rd

Date June 10 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 1716 Registered No. B C 1716

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 W. Lanvale St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph P. Boyle

{Residence, if in Baltimore, Give Street and Number.} 1302 W. Lanvale St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 27 1847

AGE: 60 years, months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: Edward Boyle

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Boyle

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Boyle

(Address) 1302 W. Lanvale St

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to June 9th 1907 that I last saw h[im] alive on June 9th 1907, and that death occurred, on the date stated above, at 6.20 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis.
Cardiac failure.

(DURATION) DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) John T. McCauley M.D.

Address 656 W Franklin St

Date June 10th 1907

Place of Burial Cathedral Cemetery

Date June 11 1907

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1717 Registered No. B C 1717

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Lauterbach

{Residence, if in Baltimore, Give Street and Number.} North Point near Phila Road

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: August Lauterbach

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lillie Piffer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Lauterbach

(Address) Balto Co Md

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8" 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 8 1907 that I last saw h alive on June 8 1907 and that death occurred, on the date stated above, at 4 40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date June 9 1907

Place of Burial Baltimore Cemetery

Date JUN 10 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

11 A. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1718 Registered No. B ..... C 1718

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gustave A. Möller Sr.

{Residence, if in Baltimore, Give Street and Number.} 507 N. Bond st

Duration of Residence in Baltimore..... 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 11 1837

AGE: 69 years, 5 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gustave A. Möller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Bond

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Möller

(Address) 507 N. Bond st

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: JUN 9 1907 190

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to May 9 1907

that I last saw h-- alive on May 9 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Intst. Nephritis

10 Mos (DURATION) DAYS

Contributory (Primary) Cardiac Dilation (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1920 Linden Ave

Date 190

Place of Burial Baltimore. Cem.

Date JUN 11 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1719

City of Baltimore, (No. 1620 E. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph B. Bockhoff,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 27 1855 (Month) (Day) (Year)

AGE: 52 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Bockhoff

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Catherine Wasker

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Trout Dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Bockhoff,

(Address) 1620 E. Biddle St.

Filed 6/10 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 8th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1903 to June 8 1907

that I last saw him alive on June 7 1907,

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Valvular disease of the Heart

4 1/2 yrs (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) James P. Dooley M.D.

June 10. 1907 (Address) 1701 Hopkins a

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 11 1907
UNDERTAKER	ADDRESS
A. Fink & Son	910 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 1720 Registered No. B C 1720

CERTIFICATE OF DEATH.

(Place of Death.) No. 1356 Cleveland St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Priscilla Milburn

{Residence, if in Baltimore, Give Street and Number.} 1356 Cleveland St Milburn

Duration of Residence in Baltimore 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee

COLOR: Colord

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): a a Randle Co Mst

FULL NAME OF FATHER: William Efferd

BIRTHPLACE OF FATHER (State or country): a a Randle Co Mst

MAIDEN NAME OF MOTHER: Prissiller Efferd

BIRTHPLACE OF MOTHER (State or country): a a Randle Co Mst

OCCUPATION OF DECEASED: Louse work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Milburn

(Address) 1356 Cleveland St

Filed 6/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from Apl 3 1907 to June 7 1907

that I last saw h alive on June 6 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

Pulmonalis

6 mos (DURATION) DAYS

Con'tributory (Primary.) Anemia

1 mo (DURATION) DAYS

(Signed) V Dorsey M.D.

Address 939 Fayette

Date June 8 1907

Place of Burial Mt Auburn Cemetery

Date June 11 1907

Undertaker Geo H Hooper

Address 609 Little Pacas St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 1721 Registered No. B C 1721

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital
6 H Linden Ave & Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda Sly

{Residence, if in Baltimore, Give Street and Number.} Mt. Winans Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee | COLOR: Colrd

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balt Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brown

(Address) Mt Winans

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to June 9 1907

that I last saw h-er alive on June 9 1907

and that death occurred, on the date stated above, at 3:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute dilatation of the right heart

(DURATION) 3 DAYS

Con'tributory (Primary.) Carcinoma of the liver (DURATION) 1 yr 6 mo DAYS

(Signed) Herbert L. Blake M.D.

Address 1014 N. La Fayette

Date 190

Place of Burial Mt Auburn cemetery

Date June 12 1907

Undertaker Geo H Hooper

Address 609 Little Pacific St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1732 Registered No. B C 1732

CERTIFICATE OF DEATH.

(Place of Death.) No. 728½ Frederick Ave. Extended St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline E Leydecker

{ Residence, if in Baltimore, Give Street and Number. } 728½ Frederick Ave Extended

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH: March 9th 1859

AGE: 48 years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Christian Wiesmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Klauss

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Leydecker

(Address) 728½ Frederick Ave Ext'd

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8. 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1907 to June 8. 1907 that I last saw h— alive on June 8. 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 8 mos DAYS

Contributory (Primary.) Coma

(DURATION) 10 DAYS

(Signed) [illegible] M.D.

Address 1935 Hollins

Date June 8. 07 1907

Place of Burial London Park

Date June 11th 1907

Undertaker Wm B Crouthers

Address 128 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1723

City of Baltimore, (No. 1353, N. Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza A. Bright

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem

COLOR Col

DATE OF BIRTH 1821
(Month) (Day) Year)

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Sandy Spring Md

FULL NAME OF FATHER Elias Powell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Henson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rydgely

(Address) 1353 N. Calhoun St

Filed 6/10 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th, 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 16th 1907 to June 7th, 1907 that I last saw h[illegible] alive on June 7th, 1907, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Hemiplegia of left side, beginning gradually and continuing until death (DURATION) ..... DAYS

Contributory Senility (DURATION) ..... DAYS

(Signed) Edward C. Price M. D.

June 8th 1907 (Address) 101 - Medical Arts

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	June 11th 1907
UNDERTAKER	**ADDRESS**
Sam'l W. Chase & Son	1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 1724 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Carroll

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Talbot Co Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM.

(Address)

Filed 6/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7 1907

I HEREBY CERTIFY, That I attended deceased from May 28 190 to June 7 1907

that I last saw him alive on June 7 1907,

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diabetes

nephritis & debility

Uremia

..... (DURATION) ..... DAYS

Contributory (Primary) Cystitis

Pelvic abscess (DURATION) ..... DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date June 7 1907

Place of Burial JOHNS HOPKINS HOSPITAL JUN 7 - 1907

Date 190

Undertaker William H Woodin

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — Registered No. B C 1725

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frank Schuman

{Residence, if in Baltimore, Give Street and Number.} 1011 Somerset St

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from May 29 1907 to June 8 1907

that I last saw him alive on June 8 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic pneumonia

Senility

(DURATION) DAYS

Contributory (Primary.) Fractured

Medical femur (DURATION) DAYS

(Signed) R R Nonis M.D.

Address Bay View Asylum

Date June 8 1907

Place of Burial Holy Redeemer Cemetery

Date June 11 1907

Undertaker Henry Hoeck Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

Registered No. B C 1726

93 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 1504 Burrough St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary A Fever

{ Residence, if in Baltimore, Give Street and Number. } 1504 Burrough St.

Duration of Residence in Baltimore. 19 yrs. C. 1726

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 1851

AGE: 55 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Quinn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Crispins daughter

(Address) 1504 Burrough St

Filed 6/10/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) DAYS

(Signed) Otto W Feinhardt M.D.

Coroner

Address

Date June 9 1907

Place of Burial St. Peters

Date June 11 th 1907

Undertaker Jos. Stumbaugh

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1727 Registered No. B C 1727

CERTIFICATE OF DEATH.

(Place of Death.) No. 372 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella L Perry

{Residence, if in Baltimore, Give Street and Number.} 372 N Monroe

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec - 1850

AGE 56 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER J Am Laveny

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Am Perry

(Address) 372 N Monroe

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 27th 1907 to June 9th 1907 that I last saw h alive on June 8 1907 and that death occurred, on the date stated above, at 12 mid night

11. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 6 DAYS

Con'tributory (Primary.) Intestinal

(DURATION) DAYS

(Signed) J Harry Ellinch M.D.

Address 411 E Camy St

Date June 10th 1907

Place of Burial London Park

Date June - 10 1907

Undertaker Wm J Tickner & Son

Address Camden & Rich Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1728 Registered No. B C 1728

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 524 N Carrollton Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry L Knell

{Residence, if in Baltimore, Give Street and Number.} 524 N C

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 42 about years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) city

FULL NAME OF FATHER J Henry Knell

BIRTHPLACE OF FATHER (State or country) city

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) city

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Moore

(Address) 524 N Carrollton Ave

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to June 8 1907

that I last saw him alive on June 8 1907

and that death occurred, on the date stated above, at 2 P M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonary Intercurrens

(DURATION) 34 DAYS

Con'ributory (Primary.) Hemmorhage

Pulmonary (DURATION) ~~DATE~~

at irregular intervals

(Signed) John J. King M.D.

Address 1425 Eutaw Place

Date June 8 1907

Place of Burial Loudon Park

Date June 10 1907

Undertaker Wm J Tickner & Sons

Address Camden & Park

WM. J. C. DULANY CO., BALTIMORE.

Dr King 1425 Eutaw Place

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1729

City of Baltimore, (No. 34, 2 Bamay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Rudolph

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. (Month) 23 (Day) 1884 (Year)
AGE	22 years, 6 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Louis Rudolph
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Kuhnell
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Moore

(Address) 69 Bamay St

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Jun 6 1907

that I last saw him alive on Jun 6 1906,

and that death occurred, on the date stated above, at 1.40 A. M. The CAUSE OF DEATH was as follows:

Cancer of the Spine

(DURATION) 180 DAYS

Contributory

(DURATION) DAYS

(Signed) B. B. Browne M. D.

June 8 1907 (Address) 516 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bell Cemetery	June 11 1907
UNDERTAKER Wm J Pickett & Son	ADDRESS Lemmon & Penn St

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 1730 Registered No. B C 1730

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CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mr. Frank Harper.

{ Residence, if in Baltimore, Give Street and Number. } Still Pond. Md.

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Unknown 1838

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Farmer,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs H. Harper

(Address Still Pond Md

Filed 6/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 10 1907 that I last saw him alive on June 10 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 3 DAYS

Contributory (Primary.) Enlarged Prostate. (DURATION) DAYS

(Signed) Roll. C. Bay. M.D.

Address University Hospital

Date June 10 1907

Place of Burial Still Pond Md

Date June 10th 1907

Undertaker G. F. Walker

Address 723 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1731

City of Baltimore, (No. 1317 N. Broadway St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry John Schulz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 9 (Month) (Day) 1857 (Year)

AGE: 49 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Veneer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) His wife

(Address) 1317 N. Broadway

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 3rd 1907 to June 8th 1907 that I last saw him alive on June 8th 1907, and that death occurred, on the date stated above, at 3.20 P. M. The CAUSE OF DEATH was as follows:

Anemia

(DURATION) DAYS

Contributory Delusional Melancholia (DURATION) 38 DAYS

(Signed) A. V. Zimmerman M. D.

June 10th 1907 (Address) 1805 W North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore County — DATE OF BURIAL: June 11 1907

UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 1732 Registered No. B C 1732

125

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Foreman

{ Residence, if in Baltimore, Give Street and Number. } Goldsborough . Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black.
DATE OF BIRTH: 1	
AGE: 65 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

149

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1907

I HEREBY CERTIFY, That I attended deceased from 5-23 1907 to 6-7 1907 that I last saw him alive on June 7th 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

2 weeks (DURATION) DAYS

Contributory (Primary.) Enlarged Prostate . Senile (DURATION) DAYS

(Signed) P. P. Bay M.D.

Address University Hospital

Date June 10 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 10 1907 190

Undertaker Commissioner Health.

Address Health Department.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 1733 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 W Mulberry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas A Bennett

{Residence, if in Baltimore, Give Street and Number.} 709 W Mulberry st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: John T Bennett.

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: Catherine Watts.

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis E Bennett

(Address) 709 W. Mulberry st.

Filed 6/10 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 9 1907

that I last saw him alive on June 8 1907

and that death occurred, on the date stated above, at 2.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy contused

(DURATION) 4 DAYS

Contributory (Primary.) Heart

(DURATION) 4 DAYS

(Signed) Dr J W Kennard M.D.

Address 708 Ensor st

Date June 9 1907

Place of Burial Killers Chapel St Marys Co Md

Date June 11th 1907

Undertaker Felix B Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Hohman

{ Residence, if in Baltimore, Give Street and Number. } ~~517 O'Donnell~~ 576 Madeira St.

C 1734

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 24th 1862

AGE: 44 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Hohman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Helena Schnorr.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Hohman

(Address) 577 O'Donnell st

Filed 6/10 1907

JOHN C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 10 1907 that I last saw him alive on June 10 1907, and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 1/2 DAYS

Contributory (Primary.) Chronic Bright's Disease

Myocarditis (DURATION) DAYS

(Signed) E. H. Pfluger M.D.

Address St. Joseph's Hosp.

Date June 10 1907

Place of Burial Sacred Heart Cemetery

Date June 13th 1907

Undertaker Germanus Fraser

Address Bank & Wolfe st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 1755 Registered No. B C 1755

CERTIFICATE OF DEATH.

(Place of Death.) No. 3218 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Cook

{Residence, if in Baltimore, Give Street and Number.} 3218 Cedar Ave

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 12th 1841

AGE: 66 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: Elizbeth Cole

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Mc Fadden

(Address) 3218 Cedar Ave

Filed 6/10 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 1905 to June 9th 1907

that I last saw h[illegible] alive on June 9th 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis Coma & Collapse

(DURATION) 2 DAYS

Con'tributory (Primary.) Chronic Nephritis

Valv. disease of Heart (DURATION) several yrs DAYS

(Signed) Wm H. Feldeman M.D.

Address 800 1st Ave

Date June 9th 1907

Place of Burial St Marys Hampden

Date June 11th 1907

Undertaker Wm E. Chenoweth & Son

Address 919 3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. BC 1736

City of Baltimore, (No. 1825, Guilford Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sidney Goldsborough Eppley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 19th 1876 (Month) (Day) (Year)
AGE	31 years, 2 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Robert Goldsborough
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Sidney A. Winder
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillie Rochester

(Address) 1001 Payson St.

Filed 6/10 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1906 to June 9th 1907 that I last saw h Ex alive on June 9th 1907, and that death occurred, on the date stated above, at 6-20 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 6 Mos. ~~DAYS~~

Contributory Organic Heart Disease

(DURATION) 18 Yrs. ~~DAYS~~

(Signed) Edgar Douglass M. D.

June 10th 1907 (Address) 820 W. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	June 11 1907
UNDERTAKER	ADDRESS
E M Mitchell	1201 W Fayette st

Ward 11 Registered No. B 1137

CERTIFICATE OF DEATH.

934

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Menefee

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Eugene Menefee

(Address) Sparrows Pt Md

Filed June 11 1907 — JAMES J. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 10 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 10 1907

that I last saw h[illegible] alive on June 10 1907

and that death occurred, on the date stated above, at 7.30

I. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hosp.

Date June 10 1907

Place of Burial Culpepper Va

Date June 11 1907

Undertaker Armstrong Demp Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 1738 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 528 Gold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Thomas

{ Residence, if in Baltimore, Give Street and Number. } 528 Gold st.

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1857

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Josephine Wilson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Curry

(Address) 528 Gold st.

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1907

I HEREBY CERTIFY, That I attended deceased from May 29th 1907 to June 7th 1907 that I last saw him alive on June 7 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Linch M.D.

Address 1313 W. Baltimore

Date June 8th 1907

Place of Burial Cove Point Calvert Co Md

Date June 11 1907

Undertaker Wm J Johnson

Address 6 & Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 1739 Registered No. B C 1739

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1008 Vine St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mollie Hardy

{ Residence, if in Baltimore, Give Street and Number. } 1008 Vine St

Duration of Residence in Baltimore. 15 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Bck

DATE OF BIRTH Unknown 1

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) W. Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Lawrence

(Address) ~~1036~~ 718 Sarah Ann

Filed 6/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 9 1907 that I last saw h.. alive on June 8 1907, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

6 hours (DURATION) ..... DAYS

Con'tributory (Primary.) Apnea

5 hr (DURATION) ..... DAYS

(Signed) E. Norwood M.D.

Address 939 N Fayette St

Date June 9 1907

Place of Burial Mt Auburn

Date June 11th 1907

Undertaker Alfred J. Freeman

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward I C 1740 Registered No. B C 1740

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marguerite O'Neil

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) Supt.

Filed 6/11 1907 BAY VIEW ASYLUM. HARRY C. ANDREW Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9. 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20. 1905 to June 9. 1907

that I last saw her alive on June 9. 1907.

and that death occurred, on the date stated above, at 3.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) Sudden DAYS

Contributory (Primary.) General paresis

(DURATION) 2 yrs DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date June 9. 1907.

Place of Burial Louden Park

Date June 12 1907

Undertaker Josiah Lyon

Address 1600 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1741 Registered No. B [illegible]

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2924 St Paul St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary P. Pattison

{ Residence, if in Baltimore, Give Street and Number. } 2924 St. Paul St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 4-14- 1860

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jos. D. Broughton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Letitia K. Travers

BIRTHPLACE OF MOTHER (State or country) ~~Ireland~~ Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane K. Pattison

(Address) 2924 St. Paul St.

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 16th 1907 to June 9th 1907 that I last saw h[illegible] alive on June 9th 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Melancholia with Paranoia. Cerebral Hemorrhage in Base of Brain (DURATION) 30 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Edward Stallman M.D.

Address 208 Cathedral

Date June 10th 1907

Place of Burial Druid Ridge Cem.

Date June 12 1907

Undertaker John L. Dwyer

Address 232 E. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward IV C 1742 Registered No. B C 1742

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Black

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/11/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10. 1907

I HEREBY CERTIFY, That I attended deceased from June 2. 1904 to June 10 1907 that I last saw her alive on June 10. 1907, and that death occurred, on the date stated above, at 6 o'c. a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Senility.

(DURATION) ~~DAYS~~

(Signed) M. M. Cummings M.D.

Address Bay View Asylum

Date June 10. 1907

Place of Burial Laurel Cemetery

Date June 11. 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1743 Registered No. B C 1743

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St Vincent Inf. Asy St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Albert L. McSlevens

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf Asy

Duration of Residence in Baltimore. Infancy

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Feb 18, 1907
AGE	3 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella V. McKeown

(Address) 908 N Broadway st

Filed 6/11 1907

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to Jun 9 1907

that I last saw him alive on Jun 8 1907,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. E. Hayman M.D.

Address 1230 N Carolina

Date 6/10 1907

Place of Burial Mt. Carmel Cem.

Date JUN 11 1907

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1744 Registered No. B .....

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 68 Braun's Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth Elsie Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 68 Braun's Lane

Duration of Residence in Baltimore. 11 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 17 1868

AGE: 38 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Johan Bauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Bauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl Schmidt

(Address) 68 Braun's Lane

Filed 6/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 8 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to June 8 1907 that I last saw her alive on June 8 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma. (Bronchial)
Last attack

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. Condon M.D.

Address 1403 W Fayette St

Date June 10 1907

Place of Burial Western Cemetery

Date June 11 1907

Undertaker Mrs Geo P. Paulusi

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 1745 Registered No. B 617

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 N Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Ewald

{Residence, if in Baltimore, Give Street and Number.} 1506 N Spring

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 22 1842

AGE: 64 years, 9 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Ewald

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Ewald

BIRTHPLACE OF MOTHER (State or country): Germy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Ewald

(Address) 1506 N. Spring

Filed 6/11 1907 H. L. L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from May 13 1907 to June 9 1907 that I last saw him alive on " " 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia 15 hours

Meningitis 29 days

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. H. Hartman M.D.

Address 1121 N Caroline St.

Date June 10. 1907

Place of Burial Oak Lawn

Date June 11 1907

Undertaker Robt Turner

Address Govans, Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1746 Registered No. D ..... C 1746

CERTIFICATE OF DEATH.

C 1746

(Place of Death.) No. 832 Sterling St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name, Louis Carlais Steward

{ Residence, if in Baltimore, Give Street and Number. } 832 Sterling St

Duration of Residence in Baltimore. Life C 1746

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend

(Address) 832 Sterling St.

Filed 6/11 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno H. Cunniss M.D.

Address Corner Md.

Date June 9 - 07 190

Place of Burial Laurel

Date June 11th 190 7

Undertaker R A Elliott

Address 506 Regent Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D ..... C 1747

C 1747

36 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 Pine St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos H Collins

{ Residence, if in Baltimore, Give Street and Number. } 412 Pine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: 2 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bacto

FULL NAME OF FATHER: Jas Collins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Archer

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Collins

(Address) 412 Pine Street.

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Alcoholism

Jan Inan

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date June 11 1907

Place of Burial Norfolk, Va.

Date June 12 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 1748 Registered No. B 1748

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Heinrich Hensel

{ Residence, if in Baltimore, Give Street and Number. } 1208 Peabody St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 3rd 1894

AGE 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Gustav Hensel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emma Richter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Hensel

(Address) 1208 Peabody st

Filed 6/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to June 9 1907

that I last saw h[illegible] alive on June 9 1907

and that death occurred, on the date stated above, at 7 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Tetanus.

(DURATION) DAYS

Con'ributory (Primary.) Nail injury

to foot (DURATION) DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hosp.

Date 6/10 1907

Place of Burial Baltimore Cemetary

Date June 12/07 1907

Undertaker Christian Miller

Address 233 Jefferson st

Remarks While playing with a rake, after laying rake on floor stepped backward on prongs.

BM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1749 Registered No. B C 1749

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 846 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Milton Gross

{Residence, if in Baltimore, Give Street and Number.} 846 S. Sharp St.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co. Md.

FULL NAME OF FATHER: J. W. Gross

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Brooks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gross

(Address) 846 S. Sharp St

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 7 1907

that I last saw h[illegible] alive on June 7 1907

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 6 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 3 DAYS

(Signed) C. J. Flowers M.D.

Address 714 S. Sharp St

Date June 11th 1907

Place of Burial Govenors Run Calvert Co. Md

Date June 11 1907

Undertaker Jno H. Toadvine

Address 142 Woodall St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 1750 Registered No. B 1384

CERTIFICATE OF DEATH.

(Place of Death.) No. 1253 Light St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Harriet Vogelsang

{ Residence, if in Baltimore, Give Street and Number. } 1253 Light St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 7 1880

AGE 26 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James E Rhoades

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Sarah Hamilton

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Rhoades

(Address) 2026 Marshall Ave

Filed 6/11 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11/07 190

I HEREBY CERTIFY, That I attended deceased from 6/10/07 190 to 6/12/07 190

that I last saw her alive on June 10/07 190,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Eclampsia

20 hrs. (DURATION) DAYS

Contributory (Primary.) Exhaustion

2 Hrs (DURATION) DAYS

(Signed) E A Elles M.D.

Address 915 Light St

Date June 11/07 190

Place of Burial CEDAR HILL JUN 13 1907

Date 190

Undertaker Armstrong Denny Co. 715 Light Street

Address

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 1751 Registered No. B

CERTIFICATE OF DEATH.

104 ✓

(Place of Death.) No. 1921 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Harbinska

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: January 17 1906

AGE: 1 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jan K Harbinski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Michalina Jusnik

BIRTHPLACE OF MOTHER (State or country): Poland Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michalina Harbinska

(Address) 1921 Aliceanna St

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to June 10 1907 that I last saw h alive on June 10 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Indigestion (DURATION) 10 DAYS

Contributory (Primary.)

exhaustion (DURATION) 4 DAYS

(Signed) J. J. Szymanski M.D.

Address 722 S. Ann St

Date June 11 1907

Place of Burial Holy Rosary

Date June 12th 1907

Undertaker M. F. Radowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Sarah ann St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Katherine Lee.

{ Residence, if in Baltimore, Give Street and Number. } 530 Lambert St

Duration of Residence in Baltimore. 5 Months. C 1752

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored.
DATE OF BIRTH Jan 11. 1907.	
AGE — years, 5 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED —	
BIRTHPLACE (State or country) Balto City Md.	
FULL NAME OF FATHER Clarence Lee.	
BIRTHPLACE OF FATHER (State or country) Balto City Md.	
MAIDEN NAME OF MOTHER Georgianna Brown	
BIRTHPLACE OF MOTHER (State or country) Talbot Co Md.	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Lee Hartley

(Address) 530 Lambert St

Filed 6/11 1907

HARRY C. ANDRESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from Sar Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio- pneumonia

3 day (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date June 11 1907

Place of Burial Laural Cem

Date June 11 1907

Undertaker R A Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 1753 Registered No. B C 1752

120

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Nicklas

{ Residence, if in Baltimore, Give Street and Number. } 1203 N. Wolfe St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kraft

(Address) 1707 E. Biddle

Filed 6/11 1907 HARRY ST. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 10th. to June 10 1907 7th.

that I last saw h alive on June 10 1907,

and that death occurred, on the date stated above, at 7th.

M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Bright's disease four weeks (DURATION) DAYS

(Signed) U. F. Cullen M.D.

Address St. Joseph's Hospital

Date June 10 1907

Place of Burial St. Paul Cem.

Date 6/12/07 190

Undertaker J. Herring & Son

Address 2008 Eyleau St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 1754

61 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 W. Wolfe St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Edward M Sweeney

{Residence, if in Baltimore, Give Street and Number.} 115 W. Wolfe St

C 1754

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 19 / 1905

AGE 2 years, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jas B Sweeney

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Annie Fitzpatrick

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas B Sweeney

(Address) 115 W. Wolfe St

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 / 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 10 1907

that I last saw h in alive on June 10 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 4 DAYS

Contributory (Primary) Pneumonia

(DURATION) 6 DAYS

(Signed) H. T. Roden M.D.

Address 1604 E. Fayette St

Date June 11 / 1907

Place of Burial Holy Redeemer

Date June 12 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

114

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Auburn Sanitarium - Belair Bway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgia Comegys.

{ Residence, if in Baltimore, Give Street and Number. } Catonsville - Md -

Duration of Residence in Baltimore. 7 Months

C 1755

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 23 1828 1

AGE: 79 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Cecil Co. Md.

FULL NAME OF FATHER: John Hart Comegys

BIRTHPLACE OF FATHER (State or country): Cecil Co. Md.

MAIDEN NAME OF MOTHER: Ann Maria Comegys

BIRTHPLACE OF MOTHER (State or country): Cecil Co. Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward G. Comegys

(Address) Catonsville Md.

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from November 1906 to June 10 1907 that I last saw her alive on June 10 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Cholecystitis

(DURATION) 9 Mos ~~DAYS~~

Contributory (Primary) Senile Arterio-Sclerosis (DURATION) DAYS

(Signed) [signature] M.D.

Address Mt Auburn Sanitarium

Date June 11 1907

Place of Burial Baltimore CEMETERY

Date JUN 12 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1756

City of Baltimore, (No. 2318 E Balto St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline E Price

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fmal | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Saxon Germy

FULL NAME OF FATHER: Christian Schmidt

BIRTHPLACE OF FATHER (State or country): Saxon Germy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H Price Pr HEP

(Address) 2318 E Balto St

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 10 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to June 10 1907

that I last saw her alive on June 10 1907,

and that death occurred, on the date stated above, at 10.45 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 4 DAYS

Contributory —

(DURATION) DAYS

(Signed) E Miller Reed M. D.

June 11 1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: June 12 1907

UNDERTAKER: H E Hughes | ADDRESS: 172 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 9 C 1757 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Koecker

{ Residence, if in Baltimore, Give Street and Number. } 136 N. Wolfe St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 17

AGE: 68 years, 8 months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Baumer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ulbrich

(Address) 703 N. Washington

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 10 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 10 1907 that I last saw h.. alive on June 10 1907, and that death occurred, on the date stated above, at ..... p. m. CAUSE OF DEATH (Secondary or Immediate)

Broken compensation

(DURATION) 10 DAYS

Con'ributory (Primary.) Mitral Stenosis

(DURATION) ..... DAYS

(Signed) E. L. Blades M.D.

Address 1436 Eutaw

Date June 11th 1907

Place of Burial St Alphonsus Cem

Date June 12 1907

Undertaker Wendell Diffell & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... Registered No. B ..... C 1758

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul otto Weibe

{ Residence, if in Baltimore, Give Street and Number. } 517 S. Monroe st

Duration of Residence in Baltimore. Lifetime C 1758

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 15" 1905

AGE: 1 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: otto Weibe

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Bessie Carson

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) otto Weibe

(Address) 617 S. Gilmor st

Filed 6/11 1907 HARRY O'T ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10" 1907

I HEREBY CERTIFY, That I attended deceased from June 10" 1907 to June 10" 1907 that I last saw h er alive on June 10 1907 and that death occurred, on the date stated above, at 4.30 a m. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 1 DAYS

Con'ributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) M Hance M.D.

Address 1103 E. Gilmor st

Date Balto June 10" 1907

Place of Burial Edgewood Lambing

Date June 12" 1907

Undertaker M. J. Finck

Address 2113 Pt. Pratt st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 1759 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 331 E Hamburg St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Roach

{Residence, if in Baltimore, Give Street and Number.} 331 E Hamburg St,

Duration of Residence in Baltimore. Life 50 yrs C 1759

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1822

AGE 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Carey

(Address) 331 E. Hamburg St.

Filed 6/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 9th 1907

that I last saw h alive on June 8th 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. J. O'Connell M.D.

Address 1340 S. Charles St

Date June 11th 1907

Place of Burial Cathedral cemetery

Date June 13. 1907

Undertaker P. J. & M. J. Flynn

Address 426 West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... C 1760 Registered No. B ..... 120 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 S. Patuxent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Downs

{Residence, if in Baltimore, Give Street and Number.} 810 S. Patuxent.

Duration of Residence in Baltimore. about 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W. White

DATE OF BIRTH Sept. 1852

AGE 55 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Downs

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bent known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. King

(Address) 810 Patuxent St

Filed 6/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to June 9 1907 that I last saw h in alive on June 9 1907 and that death occurred, on the date stated above, at 10. P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis (DURATION) unknown DAYS

Con'tributory (Primary.)

Asthenia (DURATION) 3 wks. DAYS.

(Signed) M. J. McAvoy M.D.

Address 839 S. Caulton Av.

Date June 10 1907

Place of Burial St. Patricks Cem.

Date June 12th 1907

Undertaker Jno. A. Inman

Address Bank & Arnold. ✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate th, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person **use and date of death.**

C 1761

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 Mc Henry St (if Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Mary Margaret Raum

{Residence, if in Baltimore, Give Street and Number.} 717 Mc Henry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem	COLOR White
DATE OF BIRTH	May 15 1851
AGE	56 years, 1 months, 23 days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~	
BIRTHPLACE (State or country)	B.C.
FULL NAME OF FATHER	Joseph G. Sprick
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Theresa Schulter,
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno C Raum

(Address) 717 Mc Henry St.

Filed 6/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June May 8 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to June 8 1907 that I last saw her alive on June 8 1907, and that death occurred, on the date stated above, at 1130 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Central Hemmorhage (Paralysis).

(DURATION) 1 DAYS

Contributory (Primary.) Arteriosclerosis

Valv. Disease Heart (DURATION) — DAYS

(Signed) C. P. Strause M.D.

Address 1606 Light St

Date June 9/07 1907

Place of Burial Cathedral Cem.

Date June 12th 1907

Undertaker Jno A. Braun

Address Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 1762 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Hebron General Hospital St. Cor Linden Ave & Madison

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Warren Lindemore.

{Residence, if in Baltimore, Give Street and Number.} 2310 Boston St.

Duration of Residence in Baltimore. 30 years C1762

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 15th 1877

AGE: 30 years, ... months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Lindemore

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Banks

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Car Capper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Lindemore

(Address) 1607 N. Milton Ave

Filed 6/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 9 1907

that I last saw h-- alive on June 9 1907

and that death occurred, on the date stated above, at 11.55 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary oedema

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 21 DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. La Fayette

Date June 9 1907

Place of Burial Mt Carmel

Date June 12th 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 1763 Registered No. B 27 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Blume

{ Residence, if in Baltimore, Give Street and Number. } 1926 E Fayette St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1842

AGE: 65 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Van Eschweege

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Heaman

(Address) Pratt & Chester Sts

Filed 6/11 190 7 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 11 190 7

I HEREBY CERTIFY, That I attended deceased from June 11 190 7 to June 11 190 7

that I last saw him alive on June 11 190 7

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hosp.

Date 6/11 190 7

Place of Burial Baltimore Cem.

Date June 12 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 — C 1764 — Registered No. B 81

CERTIFICATE OF DEATH.

Place of Death.) No. 832 N Howard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs L. Fusart Devouge

{ Residence, if in Baltimore, Give Street and Number. } 832 N Howard St

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 19 1829

AGE: 77 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): France

FULL NAME OF FATHER: Pierre Gouilliond

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Victoire Devouges

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Victoire Brun

(Address) 832 N. Howard st

Filed 6/11 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from April 9 1907 to June 10 1907 that I last saw her alive on June 9 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) 2 yrs ~~Days~~

(Signed) John Hack M.D.

Address 847 W. Lafayette Av

Date June 10 1907

Place of Burial Cathedral Cemetery

Date June 12 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1765 Registered No. B C 1765

CERTIFICATE OF DEATH.

92

(Place of Death.) No. St Vincents Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Geo Bolan

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Aug 23, 1906

AGE ..... years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 6/11 1907

[illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1906 to Jun 9 1907 that I last saw h[illegible] alive on Jun 8 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E E Hayward M.D.

Address 1230 N Carlton

Date June 10 1907

Place of Burial New Cathedral

Date June 12th 1907

Undertaker Martin Dalton & Sons

Address 666 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1766 Registered No. B C 1766

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Hartley

{ Residence, if in Baltimore, Give Street and Number. } St Vincent. Inf Asy

Duration of Residence in Baltimore. Septima

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Apr 21 1907
AGE	years, 1 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S,
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 6/11 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from Apr 27 1907 to Jun 10 1907 that I last saw him alive on June 8 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1320 N Caroline

Date 6/10 1907

Place of Burial Mt Cathedral

Date June 12th 1907

Undertaker Martin Faherty & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1767 Registered No. B C 1767

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asy. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Clarence Brush.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 10 th 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 th 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to June 11 1907, that I last saw h alive on " " 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1730 N. Carolina

Date 6/11 1907

Place of Burial New Cathedral

Date June 12 th 1907

Undertaker Wilson Dulany & Sons

Address 516 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1768 Registered No. 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francisco Antezak

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1831

AGE ..... 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 6/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from 5/8 1907 to 6/9 1907

that I last saw h.. alive on 6/9 1907

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate.)

Exhaustion due to Senility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date 6/10 1907

Place of Burial Sacred Heart

Date June 12" 1907

Undertaker Evans & Spence

Address 1847 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C 1769 Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name T Lomax Lewis

{Residence, if in Baltimore, Give Street and Number.}

C 1769

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1869
AGE	38 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Washington D.C.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Holyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 6/11 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 9 1907

that I last saw him alive on June 9 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate.)

Tuberculosis of Lungs.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R R [illegible] M.D.

Address Bay View Hospital

Date June 12" 1907

Place of Burial Sacred Heart

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear of 1105 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Farnum

{Residence, if in Baltimore, Give Street and Number.} Rear of 1105 Hanover st.

Duration of Residence in Baltimore. Eighteen Yrs C 1770

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Annie Stokes

(Address) 1105 Hanover st

Filed June 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Two days (DURATION) DAYS

Con'tributory (Primary.) Cerebral Hemorrh. (DURATION) DAYS

(Signed) Oscar Balcom M.D.

Address Turkey Pt. Md. (County)

Date June 11th 1907

Place of Burial Mt Auburn Cemetery

Date June 12th 1907

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1364 Whatcoat St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Annie P. Mason

{Residence, if in Baltimore, Give Street and Number.} 1364 Whatcoat St.

Duration of Residence in Baltimore. 7 years. C 1771

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR col
DATE OF BIRTH	1
AGE 28 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Singl
BIRTHPLACE (State or country)	St Marys Co Md
FULL NAME OF FATHER	Samuel Mason
BIRTHPLACE OF FATHER (State or country)	St Marys Co
MAIDEN NAME OF MOTHER	Martha E Jackson
BIRTHPLACE OF MOTHER (State or country)	St Marys Co
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edmonia Woodby

(Address) 1413 Druid Place City

Filed 6/12 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 11 1907 that I last saw h or alive on June 10 1907 and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Brain

(DURATION) 2 DAYS

Contributory (Primary.) Acute Brights Disease (DURATION) 3 DAYS

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date Balto Md June 11 1907

Place of Burial St Peters

Date June 11th 1907

Undertaker Clarence B Wright

Address 1064 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 816½ W. Lombard, St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John H. Lange

{ Residence, if in Baltimore, Give Street and Number. } 816½ W. Lombard St.

Duration of Residence in Baltimore. 70 years. C1772

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 18th 1809

AGE 97 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Pinkard

(Address) 816½ W. Lombard St.

Filed 6/12 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mr. Lange was 97 yrs. old, & had not been ill requiring my servs.

Cause of death Senility -

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Blum M.D.

Address 1816 Madison Ave

Date June 12 1907

Place of Burial London Park Cem.

Date June 14th 1907

Undertaker Ins & Furs John H. Lewis & Co.

Address 861 N. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Campbell

{Residence, if in Baltimore, Give Street and Number.} 927 E Madison

Duration of Residence in Baltimore.

C 1773

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Coates

(Address) 910 Edmondson Ave

Filed 6/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Coma

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Cullen M.D.

Address Cornes Ward

Date June 11 — 07 1907

Place of Burial Friends Cemetery

Date June 13 1907

Undertaker Wm Cook

Address 1502 E Monument Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1774

City of Baltimore, (No. 1902 Cromwell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Thomas Dixon

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella N. Dixon

(Address) 1902 Cromwell St.

Filed 6/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 11th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 3d 1907 to June 11th 1907 that I last saw him alive on June 11th 1907, and that death occurred, on the date stated above, at 4.45 P. M. The CAUSE OF DEATH was as follows:

Intermittent 3 ago. June which he has been suffering for seven months

(DURATION) DAYS

Contributory Chronic Bronchitis, with Asthmatic attacks (DURATION) DAYS

(Signed) John T Pennington M. D.

June 12 1907 (Address) The Marlborough

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: — How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: June 14 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 1 Registered No. B

64

CERTIFICATE OF DEATH.

C. 1775

(Place of Death.) No. 228 W. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Johnson

{Residence, if in Baltimore, Give Street and Number.} 228 W. Chase St

Duration of Residence in Baltimore. 20 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1849

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Brown

(Address) 228 N. Chase St

Filed 6/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday June 11th 1907

I HEREBY CERTIFY, That I attended deceased from June 9th 1907 to June 11th 1907 that I last saw h[illegible] alive on June 9th 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Thrombosis

(DURATION) 2 DAYS

(Signed) [signature] M.D.

Address 607 N. Charles St

Date June 11th 1907

Place of Burial Hot Auburn Cemetery

Date June 13th 1907

Undertaker Felix B. Pyz

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1776

City of Baltimore, (No. 1119 N Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susie M. Pierce

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 19 (Day) 845 (Year)

AGE: 62 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: George Myers

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Eliza Ebberts

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Pierce

(Address) 1119 N Mount

Filed 6/12 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 11th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1906 to June 11 1907

that I last saw h[illegible] alive on 11th June 1907,

and that death occurred, on the date stated above, at 12

M. The CAUSE OF DEATH was as follows:

Bright's Disease

8 months (DURATION) DAYS

Contributory Paralysis

(DURATION) 2 DAYS

(Signed) [illegible] M. D.

Jun 11th 1907 (Address) 1327 W Hoffman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: June 14 1907

UNDERTAKER: A. J. Marshall | ADDRESS: 1539 Talbot Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

C 11777

(Place of Death.) No. 918 N. Fremont Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maud Irene Warren

{ Residence, if in Baltimore, Give Street and Number. } 918 Fremont Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	22 yrs old. 1
AGE	22 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John Waldron
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Emelia Long
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 6/12 1907 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1st 1907 to June 12 1907

that I last saw h alive on June 11 1907, 4 P.M.

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) W. C. Houck M.D.

Address 1922 E. Pr

Date June 12 1907

Place of Burial New Cathedral

Date June 14 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Ward V

C 1778

Registered No. B ..... 1 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 Wilcom ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John H. Neal

{ Residence, if in Baltimore, Give Street and Number. } 131 Wilcom ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 1863

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Levi Fenow

BIRTHPLACE OF FATHER (State or country): .. ..

MAIDEN NAME OF MOTHER: .. ..

BIRTHPLACE OF MOTHER (State or country): .. ..

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Curtis

(Address) 131 Wilcom Alley

Filed 6/12 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1907

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to June 11 1907

that I last saw h in alive on June 9 1907

and that death occurred, on the date stated above, at 11 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) 3 DAYS

(Signed) W. J. Smith M.D.

Address 528 Hanover St.

Date June 12 1907

Place of Burial Mt. Auburn Cem

Date June 13 1907

Undertaker Saml. H. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1779 Registered No. B

40 V

C. 1779

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 S. Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Wehner

{Residence, if in Baltimore, Give Street and Number.} 229 S. Broadway

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John May

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eva Geis

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wehner

(Address) 229 S. Broadway

Filed 6/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from about May 1 1907 to June 10 1907

that I last saw h.. alive on June 10 1907,

and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

1 yr ? (DURATION) ..... DAYS

Contributory (Primary.) Goitre

? (DURATION) ..... DAYS

(Signed) A J Carroll M.D.

Address 1740 E. Baltimore St

Date June 10 1907

Place of Burial Holy Redeemer Cemetery

Date June 13th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

C. 1780

(Place of Death.) No. 429 E. Preston St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Parsons

{ Residence, if in Baltimore, Give Street and Number. } 429 E. Preston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 12 1851

AGE 55 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Parsons

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Priscilla Hardesty

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Parsons

(Address) 429 E. Preston St

Filed 6/12/ 1907 HARRY C. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9. 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 9 1907

that I last saw him alive on June 8 1907,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia Coma

Chronic Bright's Disease

about (DURATION) 6 DAYS

Contributory (Primary.) Chronic Bright's Disease about (DURATION) 2 yrs DAYS

(Signed) Jas L. Kraus M.D.

Address 3 and Lough

Date June 12 1907

Place of Burial Loudon Park Com.

Date June 13 1907

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. St. and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

1512

C 1781

(Place of Death.) No. St Vincent. Safe Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Dorman

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infts. Asylum

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 3 1907

AGE ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Walter Dorman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Cagan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Cagan

(Address) 17 N. Aisquith St

Filed 6/12/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1907

I HEREBY CERTIFY, That I attended deceased from May 3 1907 to June 11 1907 that I last saw h[illegible] alive on June 10 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

.....(DURATION) .....DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 6/11 1907

Place of Burial Texas Bell's Lot

Date June 12th 1907

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1705-1710 Gaston Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 1782 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 701 E Fort ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edwin M, Brooks

{ Residence, if in Baltimore, Give Street and Number. } 701 E Fort ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jun 11 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER E. C. Brooks

BIRTHPLACE OF FATHER (State or country) Fair D. C.

MAIDEN NAME OF MOTHER Rose Casey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E C Brooks

(Address) 701 E Fort ave

Filed 6/12/ 1907 HARRY D. ADKINS, REGISTRAR

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to June 12 1907 that I last saw h[illegible] alive on June 12 1907, and that death occurred, on the date stated above, at 10 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

8 months

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1340 E Monument

Date June 12, 1907 190

Place of Burial Mayetta St Cem

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 1783

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Albert Rose

{ Residence, if in Baltimore, Give Street and Number. } 9 E. Preston St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Feb 28 1848

AGE 59 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Peter Rose

BIRTHPLACE OF FATHER (State or country) Germany French Province

MAIDEN NAME OF MOTHER Sophia M. Albers

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Harness Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Anderson

(Address) 707 N Stricker St

Filed 6/12 1907 HARRY O. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 11th 1907 that I last saw him alive on June 11th 1907, and that death occurred, on the date stated above, at 5 AM

11. CAUSE OF DEATH (Secondary or Immediate.)

uraemia.

(DURATION) DAYS

Contributory (Primary.) Bullet wound with chronic nephritis. (DURATION) DAYS

(Signed) Benjamin Wroth Jr. M.D.

Address Union Protestant Infirmary

Date June 11 1907

Place of Burial Green Mount

Date June 13 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C 1784 Registered No. B 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 China St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha A. Jones

{Residence, if in Baltimore, Give Street and Number.} 927 China St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 14 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Adrian Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hester Chandler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Jones

(Address) 927 China St

Filed 6/12 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to June 8 1907

that I last saw her alive on June 9 1907

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

Acute 1 mo (DURATION) DAYS

Contributory (Primary.) Acute 1 mo (DURATION) DAYS

(Signed) O. H. Powers M.D.

Address 714 S. Sharp

Date June 12th 1907

Place of Burial Mt Auburn

Date June 12 1907

Undertaker Jno. H. Jourdan

Address 1412 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 1785

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 Myrtle Ave. St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Mahalay Thompson

{Residence, if in Baltimore, Give Street and Number.} 907 Myrtle Ave

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	June 4th 1809
AGE	98 years, — months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Henry Allen
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Morrison

(Address) 669 Pine St

Filed 6/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to June 11 1907

that I last saw h[illegible] alive on June 11 1907

and that death occurred, on the date stated above, at 3.20 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Organic Cardiac Lesion & Asthma

(DURATION) DAYS

Contributory (Primary) Old Age

(DURATION) DAYS

(Signed) Jno. S. Stricklen M.D.

Address 708 George St

Date June 11th 1907

Place of Burial Laurel Cem

Date 6/13 1907

Undertaker Alex Stewart

Address 1578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1786

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 513 Mosher St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mollie B. Hamer

{ Residence, if in Baltimore, Give Street and Number. } 513 Mosher St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1862

AGE: 42 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Chas Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: ____

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B. Hamer

(Address) 513 Mosher St

Filed 6/12 1907

PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 10 — 1907

I HEREBY CERTIFY, That I attended deceased from Apr 6 — 1907 to June 10 — 1907 that I last saw her alive on June 9 — 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 21 DAYS

Contributory (Primary.) Phthisis Pulmonal (DURATION) about 10 mos ~~DAYS~~

(Signed) W. Harris M.D.

Address 1344 Druid Hill Ave

Date June 11 — 1907

Place of Burial Mt Zion Cemetery

Date June 12th 1907

Undertaker Chas. G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 1787 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Wilhelm

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 28 — 1840

AGE 66 years, 5 months, 19 days

[redacted], MARRIED, WIDOWED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Herman Feldman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Down Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 402 E. Biddle St

Filed 6/12 1907

HARRY C. ANDREWS, PENNY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1907

I HEREBY CERTIFY, That I attended deceased from At Home to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy - Sudden -

no Dr -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Johnson M.D.

Address 711 W. Lenora Crown

Date Jan 10th 1907

Place of Burial Immanuel Evang. Luth.

Date June 12 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from ..... 190.. to ..... 190.. to notify the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

C 1788

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

(Place of Death.) No. 914 E Preston St. St.

Full Name Thomas Campbell

{ Residence, if in Baltimore, Give Street and Number. } 914 E Preston St.

Duration of Residence in Baltimore. 46 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jan. 1840

AGE 67 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos. Campbell

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Campbell

(Address) 914 E. Puston

Filed 6/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw him alive on ..... 190.....,

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease 1

(Duration) ..... Days

Contributory (Primary.)

(Duration) ..... Days

(Signed) Geo. Simmons M.D.

Address .....

Date June 11-07 1907

Place of Burial Cathedral Cem.

Date June 13th 1907

Undertaker Jno. A. Inman

Address Bank & Ann St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. D 64

CERTIFICATE OF DEATH.

C 1789

(Place of Death.) No. 1205 N Eden St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos J Cook

{ Residence, if in Baltimore, Give Street and Number. } 120 N Eden St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH January 10 1849

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md Balto

FULL NAME OF FATHER John Cook

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Nixon

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Hoover

(Address) 120 N Eden

Filed June 13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 10th 1907 that I last saw h-- alive on June 9th 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buck M.D.

Address 2844 Penn

Date June 12th 1907

Place of Burial Holy Redeemer

Date June 13 1907

Undertaker Geo Thomas

Address Conway & Elora

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1790

City of Baltimore, (No. 2851 Woodbrook ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanche Edward Fouty

PERSONAL AND STATISTICAL PARTICULARS

SEX	m
COLOR	white
DATE OF BIRTH	May 1 1907 (Month) (Day) (Year)
AGE	..... years, 1 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	2851 Woodbrook
FULL NAME OF FATHER	Robert Fouty
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Selia Fite
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Fouty

(Address) 2851 Woodbrook

Filed 6/13 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to June 12 1907

that I last saw h.. alive on June 12 1907, 5.50

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Cerebro Spinal meningitis

(DURATION) ..... DAYS

Contributory .....

(DURATION) 2 DAYS

(Signed) C Stonesifer M. D.

6/12 1907 (Address) 1615 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodbine Cem. Co	June 13 1907
UNDERTAKER	ADDRESS
Wm Cook	502 E Lex

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 1791

Registered No. B .....

City of Baltimore, (No. 2515 Salem St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME John Zellers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Brown

(Address) 2515 Salem St

Filed 6/13 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to June 12 1907 that I last saw h[illegible] alive on June 12 1907, and that death occurred, on the date stated above, at 2:20 P. M. The CAUSE OF DEATH was as follows:

Apoplexis

..... (DURATION) ..... DAYS

Contributory Emphysema

..... (DURATION) ..... DAYS

(Signed) J F McElwee M. D.

June 13 1907 (Address) 1323 W Northern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Westminster

DATE OF BURIAL: June 13 1907

UNDERTAKER: Carroll & Co Md

ADDRESS: 102 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

C 1792

(Place of Death.) No. 906 E Monument St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Buckley

{Residence, if in Baltimore, Give Street and Number.} 906 E Monument St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black
DATE OF BIRTH	April 15 1878
AGE	29 years, 1 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William Henry Buckley
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Ann Heath
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Buckley

(Address) 906 E Monument St

Filed 6/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 10 1907

that I last saw h-- alive on June 10 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) 19 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) P. E. Silby M.D.

Address 2001 E Lemmon st

Date June 12 1907

Place of Burial Laurel

Date June 13 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

C 1793

(Place of Death.) No. 517 N. Chapel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mudra

{ Residence, if in Baltimore, Give Street and Number. } 517 N. Chapel St.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Mudra

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Sayderka

(Address) 509 N. Chapel St

Filed 6/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from Feby 7 1907 to June 12 1907

that I last saw him alive on ..... 190.....

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Carcinoma

9 months (DURATION) ..... DAYS

Contributory (Primary) .....

Cardiac Asthenia (DURATION) ..... DAYS

(Signed) W. H. Bryant M.D.

Address 508 Eastern Ave

Date 6/13/07. 190.....

Place of Burial Holy Redeemer

Date June 15 1907

Undertaker Frank Brach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 1794

(Place of Death.) No. 1639 Cuba St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Covey

{Residence, if in Baltimore, Give Street and Number.} 1639 Cuba St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White.
DATE OF BIRTH	June 11th 1907
AGE	..... years, ... months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Wm R. Covey
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Lotta Blunt
BIRTHPLACE OF MOTHER (State or country)	Norfolk Va.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R. Covey.

(Address) 1639 Cuba St

Filed 6/13 1907

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from June 12 1907 to June 12 1907

that I last saw her alive on June 12 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse (DURATION) 1/2 hour DAYS

Contributory (Primary.) Pthisis (DURATION) ..... DAYS

(Signed) ..... M.D.

Address 1510 E Fort Ave

Date June 12 1907

Place of Burial Mt. Carmel Cemetery

Date June 13th 1907

Undertaker H. SANDER & SONS,
1708-1710 Canton Avenue,

Address S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C1795

(Place of Death.) No. 1213 Greenmount ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sophie Peters

{ Residence, if in Baltimore, Give Street and Number. } ~~50 yrs~~ 1213 Greenmount Ave.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W

DATE OF BIRTH Oct. 19th 1823

AGE 83 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Eugene Stilling

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Brick

(Address) 133 N. Gay St.

Filed 6/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3 1907 to June 11 1907 that I last saw her alive on June 11 1907, and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 18 w 1 d DAYS

Contributory (Primary.) 0

(DURATION) DAYS

(Signed) James M Fenton M.D.

Address 700 E Chase St

Date June 12 1907

Place of Burial Western Cemetery

Date June 13th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

C 1796

CERTIFICATE OF DEATH. C.1796 19V

(Place of Death.) No. 209 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Haecke

{ Residence, if in Baltimore, Give Street and Number. } 209 S. Dallas St

Duration of Residence in Baltimore. 59 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 7th 1830

AGE 77 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Haecke

(Address) 209 S. Dallas St.

Filed 6/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to June 10 1907

that I last saw h alive on June 10 1907, and that death occurred, on the date stated above, at 7.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Aortic Stenosis — Asthma

Several Years (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Geo. L. Wilkins M.D.

Address 3 N. Broadway

Date June 12 1907

Place of Burial Baltimore Cem

Date June 13 1907

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto Sts. And 1708-1710 Caton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C. 17797 80 ✓

(Place of Death.) No. 808 N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Maggie V. Evans

{ Residence, if in Baltimore, Give Street and Number. } 808 N. Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Born Oct 7th 1847

AGE 57 years, 8 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Alford D Evans

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Sarah R Start

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED Music Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt George S Wilson

(Address) 808 N Broadway

Filed 6/13/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11. 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to June 11. 1907 that I last saw h[illegible] alive on [illegible] 1907, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of heart

(DURATION) ½ hours DAYS

Contributory (Primary.) Angina Pectoris (DURATION) 6 months DAYS

(Signed) Geo. H. Hartman M.D.

Address 112 N Caroline St.

Date June 12. 1907

Place of Burial Greenmount Cemetery

Date June 14th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

C.1798

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home, Infirmary, 1100 Fairmount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Watkins Jones

{ Residence, if in Baltimore, Give Street and Number. } The Church Home, Infirmary

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Walter F Jones

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary E Taylor

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robertson Taylor P.M.

(Address) US Fidelity Co Balto

Filed 6/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 12 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1905 to Jun 12 1907

that I last saw h[illegible] alive on Jun 12 1907,

and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia —

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Bright's Disease (DURATION) 2 yrs ~~DAYS~~

(Signed) [illegible] M.D.

Address The Church Home Infirmary

Date Jun 12 — 1907 190

Place of Burial Norfolk Va

Date June 14th 1907

Undertaker H C Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1799

City of Baltimore, (No. 308 W Madison St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert-Cooskery

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1907 (Year)

AGE: ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Herbert-Cooskery

BIRTHPLACE OF FATHER (State or country): Kinston N. C.

MAIDEN NAME OF MOTHER: Amelia Norris

BIRTHPLACE OF MOTHER (State or country): Kinston N C.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Kelzer

(Address) 308 W Madison St

Filed 6/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10th 1907 to June 12 1907 that I last saw him alive on June 12 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) 30 DAYS

Contributory Convulsions

(DURATION) 1 DAY

(Signed) Frank M Guman M. D.

June 12 1907 (Address) 322 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: June 13 1907

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C. 1800

CERTIFICATE OF DEATH.

Place of Death.) No. 439 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Octavia T. Wingate

{ Residence, if in Baltimore, Give Street and Number. } 439 S. Gilmor St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 1

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm B Donohue

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie Wilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Wingate

(Address) 439 S. Gilmor St

Filed 6/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to June 11th 1907

that I last saw her alive on June 10 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis 4 Mths

Con'tributory (Primary.) Anthemia (DURATION) 1 Mth.

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St.

Date June 12 1907

Place of Burial Loudon Park

Date June 14 1907

Undertaker Jno. J. Tickner & Sons

Address Edmonson & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Dr Ohle

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

C1801

(Place of Death.) No. 127 W. Clement. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm W. Lewis -

{Residence, if in Baltimore, Give Street and Number.} 127 W Clement St.

Duration of Residence in Baltimore. Life -

C1801

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White -
DATE OF BIRTH: Dec. 19th 1887	
AGE: 19 years, 5 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto. Md.	
FULL NAME OF FATHER: Jno. W. Lewis -	
BIRTHPLACE OF FATHER (State or country): Balto. Md.	
MAIDEN NAME OF MOTHER: Addie Kerwin -	
BIRTHPLACE OF MOTHER (State or country): Balto. Md.	
OCCUPATION OF DECEASED: None -	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno W Lewis -

(Address) 127 W Clement.

Filed 6/13 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 27 1907 to June 11 1907 that I last saw h-- alive on June 9 1907 9.50 and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Lungs)

Since before my first visit Apr. 27-07 (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 5 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St.

Date June. 12 1907

Place of Burial Mount Olivet Cem

Date June 14th 1907

Undertaker C. Sahlaman Son

Address 1029 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1428 N Bretnmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie R Watts

{ Residence, if in Baltimore, Give Street and Number. } 1428 N Baltimore St

Duration of Residence in Baltimore. Life

C 1802

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dec 5th 1877

AGE 30 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Silas Heller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mamie Mathews

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lallie Weaver

(Address) 1428 N Baltimore St

Filed 6/13 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12th 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to June 12th 1907

that I last saw h er alive on June 11th 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) 4 Years Days

Contributory (Primary)

(DURATION) DAYS

(Signed) Robt L Montenuis M.D.

Address 135 N Fulton Ave

Date June 13th 1907

Place of Burial London Park

Date June 14 1907

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 1803 Registered No. B

CERTIFICATE OF DEATH. C. 1803 132

(Place of Death.) No. St. Luke's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Grahn Brauer

{ Residence, if in Baltimore, Give Street and Number. } 700 S. Eutaw St.

Duration of Residence in Baltimore. about 24 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 30 1862

AGE: 44 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Hammelsfelden Germany

FULL NAME OF FATHER: Grahn

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Julia Manning Grahn

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brauer.

(Address) 500 S. Eutaw St.

Filed 6/13 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on June 12 1907,

and that death occurred, on the date stated above, at 6.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Salpingitis (Chronic)

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) G. Patrick Ewalt M.D.

Address 703 N. Gilmor St

Date June 12 1907

Place of Burial Loudon Park Cemetery

Date June 16 1907

Undertaker Wm. J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1804

City of Baltimore (No. 23, Railroad av St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margret E. Graham

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 8 ~~Dec~~ember 8 1852 (Month) (Day) (Year)

AGE: 54 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John N. Stitley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Buffington

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allen Graham

(Address) 23 Rail Road av

Filed 6/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11:45 P. M. The CAUSE OF DEATH was as follows:

~~(a)~~ Heart Failure

Superinduced by acute Indigestion (DURATION) 15 minutes DAYS

Contributory Obesity

(DURATION) 10 years ~~DAYS~~

(Signed) Stewart, M.D. M. D.

June 13 1907 (Address) 765 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Union Bridge Cemetery

DATE OF BURIAL: June 14 1907

UNDERTAKER: Wm E Chenowith & Son

ADDRESS: 919 3rd Ave

Entered Milton Lutterman Coroners

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1805

C.1805

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward S. R. Grants

{Residence, if in Baltimore, Give Street and Number.} 1127 Harlem

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	January 11 1860
AGE	47 years, 5 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Jno Grants
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Thompson
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tyrll Grants

(Address) 1127 Harlem

Filed 6/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

V

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	June 12 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to June 1907

that I last saw h alive on June 12 1907

and that death occurred, on the date stated above, at 7.20 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

60 days

(DURATION) ~~1~~ DAYS

Con'tributory (Primary.) Cancer Stomach

1 year (DURATION) DAYS

(Signed) J. Mitchell Hundley M.D.

Address 1009 Cathedral St

Date June 13 1907

Place of Burial Druid Ridge

Date June 15 1907

Undertaker Wm J. Tickner Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Dr. Hundley 1009 Cathedral

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C1806

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Royston Rowles.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June 6th 1907

AGE ..... years, ... months, 7 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Lary L. Rowles.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lattie L. Royston

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lary L. Rowles.

(Address) .....

Filed 6/13/ 1907 HARRY O. ANDREWS, PER C.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13, 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to June 13 1907 that I last saw him alive on June 13 1907, and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

..... (DURATION) 3 DAYS

Contributory (Primary.) Organic Heart

..... (DURATION) 7 DAYS

(Signed) George R. Jones M.D.

Address Md. Homoeopathic Hospital

Date June 13, 1907

Place of Burial Loudon Park

Date June 14 1907

Undertaker Bertram W. Gobe

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 1807 6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel McPherson Travers

{ Residence, if in Baltimore, Give Street and Number. } 1517 Highland Ave

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 30 1885

AGE: 22 years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George W. Travers.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Kate C Eggleson.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Horse shoer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W Travers

(Address) 1517 Highland Ave

Filed 6/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to June 12 1907 that I last saw h im alive on June 12 1907 and that death occurred, on the date stated above, at 5:45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro-Spinal meningitis

(DURATION) 7 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date June 12 1907

Place of Burial Int. Greenmount Cem.

Date June 14th 1907

Undertaker Wm A. Pearson

Address 849 Park Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 1808

City of Baltimore, (No. 106, Welcome Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Ross - infant - 3 mths

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: ..... (Mouth) 1 (Day) ..... Year)

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Annie Ross

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irma Ross

(Address) 106 Welcome

Filed 6/13 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 11 P. 1907 to ..... 190.....

that I last saw h in alive on June 11 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Gastro enteritis

(DURATION) 2 DAYS

Contributory marasmus

(DURATION) ..... DAYS

(Signed) L. A. Keene M. D.

June 12 1907 (Address) 532 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: June 14 1907

UNDERTAKER: Jno. D. Trader

ADDRESS: 142 Exeter St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

129

(Place of Death.) No. Methodist Aged Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cecelia Dyer C. 1809

{ Residence, if in Baltimore, Give Street and Number. } Fulton ave. & Franklin Sts.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Carroll Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER B. Harris

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L R Mewshaw

(Address) Fulton Ave & Franklin

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 13 1907

that I last saw h[illegible] alive on June 12 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Work Heart

(DURATION) 10 DAYS

Contributory (Primary.) Fibroma

Mt Known (DURATION) DAYS

(Signed) Ethis Murray, M.D.

Address 1321 W. Lafayette ave.

Date June 14 1907

Place of Burial Western Cemetery

Date June 15th 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de... U... give "S...

SEX

DATE

AGE

SINGL... WIDOW...

BIRTH... (State ...

FULL ... OF FA...

BIRTH... OF FA... (State ...

MAIDE... OF MO...

BIRTH... OF MO... (State ...

OCCUP... OF DE...

THE A... BEST ...

(Inform...

Filed 6/...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1370 N. Carey St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Arthur Bowen C. 1810

{ Residence, if in Baltimore, Give Street and Number. } 1370 N. Carey St

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	ed
DATE OF BIRTH	1
AGE	27 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wm Bowen
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Emma Frew
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lorella Bowen

(Address) 1370 N Carey

Filed 6/14 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12, 1907

I HEREBY CERTIFY, That I attended deceased from February 25, 1907 to June 12 1907 that I last saw him alive on June 12 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (Florida type) (DURATION) 3 mos. DAYS.

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date June 12 1907.

Place of Burial Mt Auburn

Date 6/17 1907

Undertaker Alex Hendley

Address 57 So Bradford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

C.1811

(Place of Death.) No. 1305 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Bonnat

{ Residence, if in Baltimore, Give Street and Number. } 1305 Brunt st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Dorsey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Penn

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Durand

(Address) 556 St Mary St

Filed 6/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 11 1907

that I last saw h[illegible] alive on June 6 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of breast

patient also had

had mitral

murmur (DURATION) DAYS

Con'tributory (Primary.) Heart Disease

(DURATION) DAYS

(Signed) J. H. Bonnell M.D.

Address 1302 W. Lombard St

Date June 13 1907

Place of Burial Mt Auburn

Date 6/14 1907

Undertaker Aid Hennebach

Address 1780 Bridge St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

C 1812

(Place of Death.) No. 1426 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1426 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John B Harvey

(Address) 1426 Druid Hill Ave

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907.

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to June 12 1907 that I last saw h[illegible] alive on June 10 1907.; and that death occurred, on the date stated above, at 1140 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia.

(DURATION) 10 mos. DAYS

Contributory (Primary.) Hemiplegia.

(DURATION) 10 mos. DAYS

(Signed) Edward V. Fitzgerald M.D.

Address 1118 Druid Hill Ave

Date June 13 1907.

Place of Burial Mt Auburn

Date 6/15 1907

Undertaker Abbott Hemsley

Address 5780 Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the ***cause and date of death.***

MISSING

C-1181

Ward 6 Registered No. B [illegible]

CERTIFICATE OF DEATH.

130 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Mitchell

{Residence, if in Baltimore, Give Street and Number.} 2529 East Oliver Street

C. 1814

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: December 25 1846	
AGE: 61 years, 5 months, 17 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Thomas Stewart	
BIRTHPLACE OF FATHER (State or country): Worcester Co	
MAIDEN NAME OF MOTHER: [illegible]	
BIRTHPLACE OF MOTHER (State or country): [illegible]	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Mitchell

(Address) 2529 E. Oliver St

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12" 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 12 1907 that I last saw her alive on June 12 1907 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pelvic Abscess,

Rupture of uterus from

Operation.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date June 12 1907

Place of Burial Baltimore Cemetery

Date June 14th 1907

Undertaker Henry Lutz

Address 1007 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 W. York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno Henry Nice

{ Residence, if in Baltimore, Give Street and Number. } 19 W. York St. C 1815

Duration of Residence in Baltimore Life 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR B-

DATE OF BIRTH — 1877

AGE 30 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Peggy Steward

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gilbert Gabel

(Address) 19 W. York St

Filed 6/14 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to June 13 1907

that I last saw him alive on June 13 1907

and that death occurred, on the date stated above, at 5:25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. A. Smith M.D.

Address 528 Hanover St

Date 6/13 1907

Place of Burial Mt Auburn Cem

Date June 15 1907

Undertaker M. Doyle & Sons -

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

142

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Chambers

C 1816

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: 1834	
AGE: 73 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Anne Arundel Co. Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from 11-27 1906 to 6-12 1907 that I last saw h~~im~~ alive on 6-12 1907 and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or immediate.)

Toxemia & Hypostatic Pneumonia

(DURATION) DAYS

Contributory (Primary.) Gangrene of Legs & Senility (DURATION) DAYS

(Signed) R R [illegible] M.D.

Address Bay View Hospital

Date June 13 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 13 1907 1907

Undertaker William H Woodin

Address 18 N Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

150

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 S. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Daley

{Residence, if in Baltimore, Give Street and Number.} 315 S. Vincent St.

Duration of Residence in Baltimore. 50 years C 1817

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1833

AGE 64 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Daley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Ellen Daley

(Address 315 S. Vincent St.

Filed 6/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1906 to June 13th 1907

that I last saw h[illegible] alive on June 12th 1907, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Uncompensated regurgitation

(DURATION) ..... DAYS

Contributory (Primary.) Aortic insufficiency Arteriosclerosis (DURATION) ..... DAYS

(Signed) Wm. Nicholls M.D.

Address 30 N. Gilmor Ave

Date June 14th 1907

Place of Burial New Cathedral Cem.

Date June 17th 1907

Undertaker John A. Dowan

Address 901 Fallsway

WM. J. C. DULANY CO., BALTIMORE.

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 Forrest Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred D. Bavis

{Residence, if in Baltimore, Give Street and Number.} 1019 Forrest Place

Duration of Residence in Baltimore. Life C. 1818

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH Dec. 29th 1904

AGE 2 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William F. Bavis

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Emma E. Fullerton

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) William F. Bavis

(Address) 1019 Forrest Place

Filed 6/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1907

I HEREBY CERTIFY, That I attended deceased from June 12th 1907 to June 13th 1907 that I last saw h er alive on June 13th 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 13 hours ~~DAYS~~

Contributory (Primary.) Gastritis

(DURATION) 13 hours ~~DAYS~~

(Signed) Frank E. Brown M.D.

Address 926 E. Eager St

Date June 13th 1907

Place of Burial Holy Cross Cemetery

Date June 14th 1907

Undertaker Henry Boeckel & Son

Address 301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 102 W. Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Jones

{ Residence, if in Baltimore, Give Street and Number. } 102 W. Hughes St

Duration of Residence in Baltimore. 40 yrs

C 1819

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Calvert Co Md.

FULL NAME OF FATHER William Smith

BIRTHPLACE OF FATHER (State or country) Calvert Co. Md

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Carroll

(Address) 1102 W. Hughes St.

Filed 6/14 190 MARY E. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to June 13 1907 that I last saw her alive on June 7 1907 and that death occurred, on the date stated above, at 11 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) ~~DAYS~~

Con'tributory (Primary.) 4 mos

(DURATION) ~~DAYS~~

(Signed) W. H. Smith M.D.

Address 528 Hanover St

Date June 13 1907

Place of Burial Mount Auburn

Date June 16th 1907

Undertaker J. Le Brun & Son.

Address 1108 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 1820

City of Baltimore, (No. 2103 Booth St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Katharine Ellen Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	September 25 1878 (Month) (Day) (Year)
AGE	28 years, 8 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	William Hayes Slattery
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Katherine Ellen Connolly
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George G. Stewart

(Address) 1903 Jonesboro Ave

Filed 6/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 12 1907 that I last saw h-r alive on June 12 1907, and that death occurred, on the date stated above, at 6.10 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. F. W. Hobelmann M. D.

June 12 1907 (Address) 1908 W. Balto. St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	June 15 1907
UNDERTAKER	ADDRESS
George A Gerbig	14 S Pulaski

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. B C 1821

City of Baltimore, (No. 2200, York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leo Michael Gilchrist

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: ... 1 (Month) (Day) Year)

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Patrick Gilchrist

BIRTHPLACE OF FATHER (State or country): ~~Ireland~~ ~~Balto Md~~

MAIDEN NAME OF MOTHER: Margaret Fennerty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Gilchrist

(Address) 2200 York Rd

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to June 12 1907 that I last saw h in alive on June 12 1907, and that death occurred, on the date stated above, at 1.35 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

About Six months (DURATION) — DAYS

Contributory ... (DURATION) ... DAYS

(Signed) Frederick D. Owen M. D.

June 12 1907 (Address) 3827 St. Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: June 15 1907

UNDERTAKER: Wm Cook — ADDRESS: 1028 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 24 Jackson st Homestead Baltimore md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen B Bernine

{Residence, if in Baltimore, Give Street and Number.} 24 Jackson Street Homestead Baltimore md

Duration of Residence in Baltimore. Lifetime

C 1822

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: December 26 1871

AGE: 32 years, 5 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Bernine

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Kathern Hagerty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bernine

(Address) Jackson st Homestead

Filed 6/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 12 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to June 12 1907

that I last saw h in alive on June 12 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis

3 month (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) H Young Whitbeck M.D.

Address 237 Gilmor avenue

Date June 13 1907

Place of Burial Texas Md

Date June 15 1907

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. BC 1823

City of Baltimore, (No. 146 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis T. Crosby

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Crosby

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Crosby

(Address) 146 N. Dolphin

Filed 6/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to June 13 1907

that I last saw him alive on June 13 1907,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Delerium Tremens

(DURATION) 7 DAYS

Contributory Chronic nephritis

(DURATION) ..... DAYS

(Signed) Albert F. Corner M. D.

6-13 1907 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: June 15 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 423 Lorraine ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jordan H Jorp

{ Residence, if in Baltimore, Give Street and Number. } 423 Lorraine ave

Duration of Residence in Baltimore.

C. 1824

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — 1

AGE: 47 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Denmark

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Jorp

(Address) 423 Lorraine Ave

Filed 6/14 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to 12 June 1907

that I last saw h alive on June 12 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Abdomen

(DURATION) 1 Year DAYS

Con'tributory (Primary.)

(DURATION) — DAYS

(Signed) Thomas Cook M.D.

Address 914 N Charles St

Date June 14 1907

Place of Burial Loudon Park Cem

Date June 15 1907

Undertaker Wm Cook

Address 3022 Northave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 1825

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 520 Cross Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Wilson

{Residence, if in Baltimore, Give Street and Number.} 520 Cross Al.

C. 1825

Duration of Residence in Baltimore. 30 years ~~520 Cross al.~~

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Afro-Am.
DATE OF BIRTH	Jan 15th 1858
AGE	49 years, 5 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Wilmington N.C.
FULL NAME OF FATHER	~
BIRTHPLACE OF FATHER (State or country)	~
MAIDEN NAME OF MOTHER	~
BIRTHPLACE OF MOTHER (State or country)	~
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenord Wilson

(Address) 520 Cross al.

Filed 6/14 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28th 1907 to June 12 1907 that I last saw h[illegible] alive on June 11th 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tubercu-
losis

(DURATION) 5 Mos.

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave.

Date June 13. 1907.

Place of Burial Mt Auburn Cemetery

Date June 16 1907

Undertaker Felix B Pex

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Young

{ Residence, if in Baltimore, Give Street and Number. } 927 Bolton St c 1826

Duration of Residence in Baltimore. 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/14 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13. 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16, 1906 to June 13, 1907

that I last saw him alive on June 13. 1907

and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of Lungs

(DURATION) 14 DAYS

Contributory (Primary.) Lobular pneumonia

~~Bronchitis~~ (DURATION) 21 DAYS

(Signed) N. M. Owens Jr M.D.

Address Bay View Asylum

Date June 13. 1907

Place of Burial Laurel

Date June 16th 1907

Undertaker Alex Hennesley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. L. L. Köln St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Gottfried Hepfele

{ Residence, if in Baltimore, Give Street and Number. } L. L. Köln

Duration of Residence in Baltimore.

C 1827

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Gottfried Hepfele

BIRTHPLACE OF FATHER (State or country) Russ.

MAIDEN NAME OF MOTHER Eva Tiede

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED ± —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co.

(Address) S. L. Gay St

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 13 June 1907

I HEREBY CERTIFY, That I attended deceased from June 13th 1907 to June 13th 1907 that I last saw h[illegible] alive on June 13th 1907, and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

and Erisypelas

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. O. Wirth M.D.

Address L. L. Köln

Date 14th June 1907

Place of Burial Ev. Evangelical Cem.

Date June 14th 1907

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, STATE OF

114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1828

City of Baltimore, (No. 1101 Hanticoke St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. H. Rund

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June (Month) 27 (Day) 1871 (Year)

AGE 35 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ann Arundel Co. Md.

FULL NAME OF FATHER Geo. Rund

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Wise

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Amelia Rund

(Address) 1101 Hanticoke St

Filed 6/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10th 1907 to June 13th 1907

that I last saw h[illegible] alive on June 12th 1907,

and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Abscess of Liver

Do not Know (DURATION) DAYS

Contributory Dyscrasia

(DURATION) DAYS

(Signed) Wm Gumbel M. D.

June 13th 1907 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL June 15 1907

UNDERTAKER Jas B Cook

ADDRESS 1003 W Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6

Registered No. B ..... C 1829

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 6 N. East ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Beulah Hendricks

{ Residence, if in Baltimore, Give Street and Number. } 6 N. East ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH: June 16th 1907

AGE: ..... years, ... months, 40 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas M. Hendricks

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Marguerette Mellon

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M. Hendricks

(Address) 6 North East ave

Filed 6/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to June 13 1907

that I last saw h alive on June 12 1907

and that death occurred, on the date stated above, at 1

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Bi L

(6 days)

(DURATION) 40 Yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Whitridge M.D.

Address 16 W. Mulberry

Date June 13 1907

Place of Burial Mt. Carmel

Date June 14, 1907

Undertaker John A. Moran

Address Bank & ann

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 1830

City of Baltimore, (No. 218 N. Montford Ave. 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Hurley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH not known. 1884.
(Month) (Day) Year)

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Cuter Born

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Louise Blowden

BIRTHPLACE OF MOTHER (State or country) Flagerstown. Md.

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamine Blowden

(Address) No 218 N. Montford Ave

Filed 6/14 1907

HARRY J. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 10, 1907. to June 11th 1907

that I last saw her alive on June 10th 1907.,

and that death occurred, on the date stated above, at 7. A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 Months (DURATION) 180. DAYS

Contributory ... (DURATION) ... DAYS

(Signed) Robert Sachs M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Ashbury | DATE OF BURIAL June 14 1907

UNDERTAKER H A Elliott | ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10 K

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Walters

{ Residence, if in Baltimore, Give Street and Number. } Roosville Balto. Co. Md.

Duration of Residence in Baltimore. C. 1831

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH 1	
AGE 46 years, months, days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married.
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/14 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

✓ 7

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to June 13 1907 that I last saw h alive on June 13 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) 1 DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) 6 DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date June 13 1907

Place of Burial Baltimore Cemetery

Date JUN 16 1907 190

Undertaker Christian Miller

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

59

(Place of Death.) No. 1013 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Louise Johnson

{Residence, if in Baltimore, Give Street and Number.} 1013 W. Mulberry St.

Duration of Residence in Baltimore. 20 years C. 1832

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	April 15 1867
AGE	40 years, 1 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Zacharia Woodson
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Mary Jane Stone
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. F. Johnson

(Address) 1013 W. Mulberry.

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to June 13 1907 that I last saw her alive on June 13 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

6 months (DURATION) DAYS

Contributory (Primary.) General tuberculosis

6 months (DURATION) DAYS

(Signed) Geo W. Kenemeter M.D.

Address ~~1 E. 10 Hem. ave.~~ 800 Harlem Ave

Date June 13. 1907

Place of Burial Western

Date June 15 1907

Undertaker Geo W Little

Address 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 3712 Springdale Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William L Boswell

{Residence, if in Baltimore, Give Street and Number.} 3712 Springdale Ave

C. 1832

Duration of Residence in Baltimore. about 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 3rd 1826

AGE: 81 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: William L Boswell

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ann Eliza Taylor

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas T. Boswell

(Address) Maryland Trust Bldg

Filed 6/14 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 13th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to June 13 1907

that I last saw him alive on June 12 1907,

and that death occurred, on the date stated above, at 1 PM

M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) 190 DAYS

(Signed) Geo H Everhart M.D.

Address 100 W 25th St

Date June 14th 1907 190

Place of Burial Woodlawn Cem

Date June 15th 1907 ~~190~~

Undertaker Henderson Bros Co

Address 308 N Madison St

WM. J. C. DULANY CO., BALTIMORE.

Dr Everhart = 100 W 25th St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary J. Manown

{Residence, if in Baltimore, Give Street and Number.} 1534 Druid Hill ave.

Duration of Residence in Baltimore. C. 1884

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — — — — 1834

AGE 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Emmittsburg Md.

FULL NAME OF FATHER John Armstrong

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Cassie -

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward C. Manown

(Address) 1534 Druid Hill Ave.

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to June 14 1907 that I last saw h— alive on June 13 1907, and that death occurred, on the date stated above, at 8:12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia -

Paralysis of Heart

The immediate Cause

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. McFolin M.D.

Address 819 N. Eutaw St.

Date June 14th 1907

Place of Burial Kingwood W. Va.

Date June 15" 1907

Undertaker Henry W. Mears Jr

Address 7 West North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 1855 Registered No. B ..... 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1204 North Gay Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward. P. Dorries

{Residence, if in Baltimore, Give Street and Number.} 1204 North Gay Street

Duration of Residence in Baltimore. Life time C. 1835

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 5th 1880

AGE: 27 years, one months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Charles H. Dorries

BIRTHPLACE OF FATHER (State or country): Germania

MAIDEN NAME OF MOTHER: Tucktuman

BIRTHPLACE OF MOTHER (State or country): Germania

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edw. Dorries

(Address) 1204 North Gay St.

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 14, 1907.

I HEREBY CERTIFY, That I attended deceased from June 13, 1907 to June 14, 1907 that I last saw him alive on June 13, 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 1 DAYS

Con'tributory (Primary.) Pulmonary tuberculosis (DURATION) ? DAYS

(Signed) J. Lee Magness M.D.

Address 1244 N. Gay St.

Date June 14, 1907.

Place of Burial Baltimore Cemetary

Date June 16 1907

Undertaker Davis Funeral

Address 32 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 1836

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Jacob Baildin (Col)

{ Residence, if in Baltimore, Give Street and Number. } ~~111~~ Stockholm 864 C. 1836

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HEREBY CERTIFY, That I attended deceased from 1907 to June 12 1907 that I last saw h~~im~~ alive on June 12 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis of lungs

(DURATION) ..... DAYS

(Signed) F. C. Irwin M.D.

Address Franklin Square Hospital

Date 6/12/07 190...

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 14 1907 190...

Undertaker Commissioner Health.

Address Hall of Records

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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CERTIFICATE OF DEATH.

(Place of Death.) No. 551 Laurens St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Norton

{Residence, if in Baltimore, Give Street and Number.} 551 Laurens St

Duration of Residence in Baltimore. 35 years C. 1837

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown 1868

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Andrew Norton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Riley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Norton

(Address) 551 Laurens St

Filed 6/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14. 1907

I HEREBY CERTIFY, That I attended deceased from June 13 1907 to June 14 1907 that I last saw h alive on June 13 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Jaundice

unknown (DURATION) DAYS

Contributory (Primary.) unknown

unknown (DURATION) DAYS

(Signed) G Lane Taneyhill M.D.

Address 1108 Madison ave

Date June 14 1907

Place of Burial St Peters Cem

Date June 15th 1907

Undertaker M. Faherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1838

City of Baltimore, (No. 1327, Valley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James J. Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mch 27 1865 (Month) (Day) (Year)

AGE: 42 years, ____ months, ____ days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Patrick Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Lavin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Burns

(Address) 1327 Valley St.

Filed 6/14 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to June 14 1907

that I last saw h[im] alive on June 14 1907,

and that death occurred, on the date stated above, at 10 15 A.M. The CAUSE OF DEATH was as follows:

La Grip

7 (DURATION) DAYS

Contributory Bronchitis and exhaustion 44 (DURATION) DAYS

(Signed) J. H. Robinson M. D.

June 14 1907 (Address) 726 E. Pratt St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Franklin Cathedral	June 17 1907
UNDERTAKER	ADDRESS
A. Fahey & Sons	606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude E. Hipsley

{ Residence, if in Baltimore, Give Street and Number. } 826 S. Paca St.

Duration of Residence in Baltimore. Life C. 1839

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Aug 3th 1896
AGE	10 years, 10 months, 10 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	Thomas P. Hipsley
BIRTHPLACE OF FATHER (State or country)	Carroll Co. Md
MAIDEN NAME OF MOTHER	Sarah K. Knott
BIRTHPLACE OF MOTHER (State or country)	Wash. Co. Md
OCCUPATION OF DECEASED	School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella M. Hipsley

(Address) 826 S. Paca St

Filed 6/15/ 1907 826 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13, 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 13 1907 that I last saw her alive on June 12, 1907, and that death occurred, on the date stated above, at 7-20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

(DURATION) 6 weeks ~~DAYS~~

Contributory (Primary)

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 653 Columbia Ave.

Date June 13, 1907

Place of Burial Cathedral Cemetery

Date Jun 17th 1907

Undertaker C. H. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 1840 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant's Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Wade Hampton Warner

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct Infant Asylum.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry W Warner

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maud D Williamson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) M Cadogan

(Address) 696 Mulberry St

Filed 6/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 14 1907 that I last saw h[im] alive on June 13 1907, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis
[Probably tubercular]

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St.

Date 6- 14- 1907

Place of Burial New Cathedral

Date June 15 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C 1841 19 V

(Place of Death.) No. 1630 Mulliken St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary I Burnett.

{Residence, if in Baltimore, Give Street and Number.} 1430 Fairmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 65 3/12 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Barnett

(Address) 1430 Fairmount Ave

Filed 6/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1907

I HERBBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease Sudden

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred'k Camille M.D.

Address Coroners Office

Date June 12 - 07 1907

Place of Burial Laurel

Date June 16th - 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH. C1842/20

(Place of Death.) No. 857 Lemmon St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sophie Cherry

{ Residence, if in Baltimore, Give Street and Number. } 857 Lemmon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH	1
AGE	41 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Thos. Cherry
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Sarah Brown
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cherry

(Address) 75 ? Lemmon St

Filed 6/15 1907

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to June 13 1907

that I last saw her alive on June 13 1907

and that death occurred, on the date stated above, at 8 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 14 DAYS

Con'tributory (Primary.)

(DURATION) 14 DAYS

(Signed) F. E. Smith M.D.

Address 538 Kanawha St

Date June 14 1907

Place of Burial Mt. Auburn

Date June 15 1907

Undertaker Jno H. Toadvine

Address 142 Westcel St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH. C. 1843 19

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Brown

{Residence, if in Baltimore, Give Street and Number.} 1719 West Pratt st.

Duration of Residence in Baltimore. Eight years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: October 1869

AGE: 37 years, 8 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Schneider

(Address) 1719 W. Pratt st.

Filed 6/15/ 1907 HARRY S. ANDREWS, REGISTRAR. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1907

I HEREBY CERTIFY, That I attended deceased from June 6th 1907 to June 13th 1907 that I last saw him alive on June 13th 1907, and that death occurred, on the date stated above, at 5.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

Instant death (DURATION) DAYS

Contributory (Primary.) Hypertrophy & Dilatation Mitral & aortic Insufficiency at least (DURATION) 48 DAYS

(Signed) Robt. S. Bay M.D.

Address University Hospital

Date June 13 1907

Place of Burial Loudon Park

Date June 15 1907

Undertaker Mrs Geo. P Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 Waldus St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Richard - M Berger

{ Residence, if in Baltimore, Give Street and Number. } 1033 Waldus St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 1 1878
AGE	28 years, 10 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Richard W. Berger Sr
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Kate Myers
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Berger

(Address) 1033 Waldus St

Filed 6/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June - 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1907 to June 13, 1907 that I last saw h alive on June 13, 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 6 Months

Contributory (Primary.) (DURATION) DAYS

(Signed) J. C. Lunkin M.D.

Address 653 Columbia Ave.

Date June 14, 1907

Place of Burial Baltimore Cem

Date June 16 1907

Undertaker W. J. Dickenson Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

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CERTIFICATE OF DEATH.

(Place of Death.) No. 6 1104 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Griffin

{ Residence, if in Baltimore, Give Street and Number. } 1104 Woodyear St

Duration of Residence in Baltimore. Lifelong C. 1845

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 3 July 1904

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Charles Griffin

BIRTHPLACE OF FATHER (State or country) Richmond Va

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Charles Griffin

(Address) 1104 Woodyear St

Filed 6/15/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 13 1907

that I last saw h[illegible] alive on June 13 1907

and that death occurred, on the date stated above, at 5.55 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enhanced following Pneumonia

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) J. S. Hankins M.D.

Address 1302 Druid Hill Ave

Date June 14 1907

Place of Burial Laurel

Date June 15 1907

Undertaker Alfred J. Freeland

Address 156 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 1846

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. City Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George J. Renner

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Renner

(Address) Rocky Ridge Fred Co Md

Filed 6/15/1907 HARRY C. ANDREWS, M.D., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 14th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from As Leisure 190 ..... 190.....

that I last saw h..... alive on ..... 190.....;

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory Syphilis ca Yrs.

..... (DURATION) ..... DAYS

(Signed) L. D. Lightner M. D.

6.15 1907 (Address) 211 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Co Md

PLACE OF BURIAL OR REMOVAL: New Midway Fred — DATE OF BURIAL: June 15 1907

UNDERTAKER: Geo J Smith — ADDRESS 100 W. Lyth

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

C. 1847

(Place of Death.) No. Home for the aged. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Schoolfield

{ Residence, if in Baltimore, Give Street and Number. } Fulton & Franklin

Duration of Residence in Baltimore. 85 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH July 1822

AGE 85 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. E. Maginnis

(Address) Franklin & Fulton

Filed 6/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 14 1907 that I last saw h-- alive on June 12 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Hemorrhage

Not Known (DURATION) — DAYS

Contributory (Primary.) Infirmities old age.

— (DURATION) — DAYS

(Signed) Edwin Murray M.D.

Address 1221 W. Fayette st

Date June 15 1907

Place of Burial Mt Olivet Cem

Date June 17th 1907

Undertaker Geo J Smith & Co

Address 1500 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

wenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same an be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 Pennsylvania Ave. St. C. 1848 (If death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward McCormick

{Residence, if in Baltimore, Give Street and Number.} 1914 Pennsylvania Ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 20 1905

AGE: 1 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Edward P. McCormick

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Catherine A. Drake

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Edward P. McCormick

(Address) 1914 Penna Ave

Filed 6/15/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 14 1907 that I last saw him alive on June 14 1907, and that death occurred, on the date stated above, at 6.55 P.M. CAUSE OF DEATH (Secondary or Immediate.)

1 Broncho-Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Hourd M.D.

Address 1922 Penna Ave.

Date June 14 1907

Place of Burial New Cathedral

Date June 16th 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1849

City of Baltimore, (No. 3414 E. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Virginia Pindell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John H. Pindell

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Gillespie

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Selig Mannion

(Address) 2231 Jefferson St.

Filed 6/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 14 1907 that I last saw h[illegible] alive on June 13 1907, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.
Intestinal Tuberculosis
4 Years. (DURATION) ..... DAYS

Contributory Endocarditis

(DURATION) ..... DAYS

(Signed) Alfred Ullman M. D.

June 14 1907 (Address) 1526 N. Broadway.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL St. Patrick's Cem | DATE OF BURIAL JUN 17 1907

UNDERTAKER H. E. HUGHES. | ADDRESS 17 S BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

64 ✓

CERTIFICATE OF DEATH.

C. 1850

(Place of Death.) No. 1726 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeannette McLevy.

{ Residence, if in Baltimore, Give Street and Number. } 1726 E Baltimore st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 76 years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Michael J. Loker

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliza Theobold

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M & Mc Levy 2d Hy

(Address) 1726 E Balto St

Filed 6/15 1907 ✓ HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1907

I HEREBY CERTIFY, That I attended deceased from June 11th 1907 to June 13th 1907

that I last saw h[illegible] alive on June 12th 1907,

and that death occurred, on the date stated above, at 4.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Congestion

(DURATION) 1 DAYS

(Signed) A. F. Rice M.D.

Address 213 S. Broadway

Date June 14th 1907

Place of Burial London Park CEMETERY.

Date JUN 17 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C. 1851

CERTIFICATE OF DEATH.

(Place of Death.) No. 2529 E. Oliver St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Lorisa Davis

{Residence, if in Baltimore, Give Street and Number.} 2529 E Oliver St

Duration of Residence in Baltimore. 69 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept 25th 1837
AGE	69 years, 8 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Henry Fritz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Sophia Gronbach
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Z Davis

(Address) 2529 E Oliver St

Filed 6/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1907

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 14 1907

that I last saw her alive on Jun 13 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or immediate)

Pneumonia Heart failure

Exhaustion

(DURATION) 11 DAYS

Contributory (Primary.) Apoplexy & paralysis

(DURATION) 3 yrs DAYS

(Signed) R C Davis M.D.

Address 1507 N Caroline St

Date June 14 1907

Place of Burial Loudon Park CEMETERY.

Date JUN 16 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90

Place of Death.) No. 571 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Walton

{ Residence, if in Baltimore, Give Street and Number. } 571 Union St

C. 1852

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	— 1
AGE	— years, 5 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Earl Fox
BIRTHPLACE OF FATHER (State or country)	N Y
MAIDEN NAME OF MOTHER	Rosa Doggett
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Doggett

(Address) 571 Union.

Filed 6/15 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to June 14 1907 that I last saw h in alive on June 13 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cop'd am

Bronchitis (DURATION) 6 DAYS

(Signed) John Etnell M.D.

Address 647 N Lafayette Ave

Date June 15 1907

Place of Burial New Cathedral

Date June 16 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

C 1853 94

(Place of Death.) No. 1923 Mc. Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William George Kizner

{ Residence, if in Baltimore, Give Street and Number. } 1923 Mc. Elderry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 12 1874

AGE: 32 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo Kizner

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Kuchling

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Kizner

(Address) 1923 Mc. Elderry St.

Filed 6/15 1907. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to June 13 1907

that I last saw h alive on June 13 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Emphysema

8 months (DURATION) X DAYS

Con'tributory (Primary.)

(DURATION) X DAYS

(Signed) G. L. Mitchell M.D.

Address 913 E. Broadway

Date June 13 1907

Place of Burial Leinden Park

Date June 16th 1907

Undertaker Henry Lutz

Address 1609 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C. 1854

(Place of Death.) No. 884 Booth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Johnson

{Residence, if in Baltimore, Give Street and Number.} 884 Booth St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem	COLOR Col'd
DATE OF BIRTH	dont know 1
AGE	about 60 years, dont know months, dont know days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Samuel Johnson
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Keaster Cliffford
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgia Tylor

(Address) 9 North Washington Ave Atlantic City

Filed 5/15/1907 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 15 1907 that I last saw h.. alive on June 14 1907, and that death occurred, on the date stated above, at ..... A.M. CAUSE OF DEATH (Secondary or Immediate) Uraemic Toxaemia

(DURATION) 5 DAYS

Contributory (Primary.) Opium

(DURATION) 1 DAYS

(Signed) E. Howard M.D.

Address 739 N Fory Eleventh

Date June 17 1907

Place of Burial ~~Odd Fellows cemetery~~ Catonsville

Date June 17th 1907

Undertaker Jno H. Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C. 1835

(Place of Death.) No. 917 McCulloh St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cornelia Poor Mayer

{Residence, if in Baltimore, Give Street and Number.} Life Annie 917 McCulloh St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 7th 1817

AGE 89 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Henry Poor.

BIRTHPLACE OF FATHER (State or country) New Hampshire

MAIDEN NAME OF MOTHER Jane Ettwig Taylor

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia Mayer Day

(Address) Augusta Ga.

Filed 6/15/ 1907 L.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907

I HEREBY CERTIFY, That I attended deceased from June 12" 1907 to June 14 1907 that I last saw her alive on June 14 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) DAYS

Contributory (Primary.) Hypostatic Pneumonia (DURATION) 1 DAYS

(Signed) E E Shipbaut M.D.

Address 16 W Preston St

Date June 15th 1907

Place of Burial Greenmount Cemetery.

Date 16" June 1907

Undertaker Hy W. Jenkins & Sons Co

Address Howard & Hyndson Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27L

(Place of Death.) No. 414 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret J. O'Donnell

{ Residence, if in Baltimore, Give Street and Number. } above C. 1856

Duration of Residence in Baltimore. Life Hostly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, [redacted] months, [redacted] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Maurice O'Donnell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Roche

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Trained Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna O'Donnell

(Address) 414 E Preston

Filed 9/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 14 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tb (DURATION) DAYS

(Signed) J. D. Johnston Coroner M.D.

Address 211 W Lanvale

Date Jan 14th 1907

Place of Burial Bonnie Brae

Date June 7/07 1907

Undertaker McCourt

Address 502 E Eutaw

WM. J. C. DULANY CO., BALTIMORE.

C 1857

125

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel H. Mullen

{ Residence, if in Baltimore, Give Street and Number. } 1719 Edmonson Ave C. 1857

Duration of Residence in Baltimore. Dont know

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 71 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Thomas Mullen	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Retired	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathaniel Mullen

(Address) 673 South St Hampden

Filed 6/16 1907 Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1907

I HEREBY CERTIFY, That I attended deceased from June 6th 1907 to June 14 1907 that I last saw h[illegible] alive on June 14th 1907, and that death occurred, on the date stated above, at 12.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) 15 DAYS

Contributory (Primary.) Hypertrophied Prostate

(DURATION) — DAYS

(Signed) A. Lindsay Roberts M.D.

Address University of Md. Hospital

Date June 16, 07 1907

Place of Burial Western Cem

Date June 17 1907

Undertaker Wm Cook

Address 502 E Hatton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 S. Highst St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Sarah Silverman

{ Residence, if in Baltimore, Give Street and Number. } 109 S. High st. C. 1858

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Morris Stein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ochria Spark

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Silverman

(Address) 109 S High st

Filed 6/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to June 13 1907 that I last saw her alive on June 13 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis, Dilitation of Heart.

.....(DURATION) DAYS

Contributory (Primary.) Pregnancy

(DURATION) 7½ DAYS

(Signed) Chas. Bagley M.D.

Address Hebrew Hospital

Date June 13th 1907

Place of Burial Hebrew Philip Nathan Rosedale

Date June 24, 16, 1907

Undertaker Max Feinman

Address 1620 N. Eldersly st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

C, 1859

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Nathan

{ Residence, if in Baltimore, Give Street and Number. } 2100 E Monument st

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Morris

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Becca gilman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Gilman

(Address) 2100 E. Monument st

Filed 6/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 8 1907 to June 16 1907 that I last saw h alive on Jun. 15 1907, and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) ___ DAYS

Contributory (Primary) Chronic

Nephritis (DURATION) ___ DAYS

(Signed) Chas Bagley Jr. M.D.

Address Hebrew Hospital

Date June 16 1907

Place of Burial Hebrew philip Balt Jun Rum

Date June 16, 1907

Undertaker Max Levinson

Address 620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William McCormack

{ Residence, if in Baltimore, Give Street and Number. } C. 1860

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1840	
AGE: 67 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Carpenter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1907

I HEREBY CERTIFY, That I attended deceased from May 11 1907 to June 13 1907 that I last saw h im alive on June 13 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex haustion

(DURATION) DAYS

Con'tributory (Primary.) Tuberculosis of Lungs

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date June 14 1907

Place of Burial CEDAR HILL JUN 16 1907

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1186 1

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1017 N. Parrish St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 1103 N. Vincent St.

Duration of Residence in Baltimore. 5 years. 10 Mo. 13 da.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: August 2 1901

AGE: 5 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER: James Reynolds

BIRTHPLACE OF FATHER (State or country): Alexandria. Va.

MAIDEN NAME OF MOTHER: Carrie Colvin

BIRTHPLACE OF MOTHER (State or country): Loudon Co. Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Reynolds

(Address) 1103 N. Vincent St.

Filed 6/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1907

I HEREBY CERTIFY, That I attended deceased from May 9 1907 to June 15 1907 that I last saw h[illegible] alive on June 15 1907, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 hrs DAYS

Contributory (Primary.) Chronic nephritis (DURATION) 2 yrs DAYS

(Signed) A. L. Danden M.D.

Address 1113 N. Gilmor St

Date June 15th 1907

Place of Burial Mt Olivet

Date June 17 1907

Undertaker R L Parham & co

Address 1213 N Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 1202

C. 1862

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin L. Moore

{Residence, if in Baltimore, Give Street and Number.} 1124 Harmony Lane

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Jackson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Jackson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Moore

(Address) 1124 Harmony Lane

Filed 6/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13, 1907

I HEREBY CERTIFY, That I attended deceased from June 12, 1907 to June 13, 1907

that I last saw h[illegible] alive on June 13, 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure due to general atrophy of tissues

since Known (DURATION) ..... DAYS

Contributory (Primary.) Bright's Disease

Known not The (DURATION) ..... DAYS

(Signed) John Hood M.D.

Address 608 N. Gilmor st

Date June 14, 1907

Place of Burial Mt Lin Cemetery

Date June 16 1907

Undertaker R. E. Gilbert

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

c. 1863 154

(Place of Death.) No. 513 N. Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph C. Hamer Sr.

{ Residence, if in Baltimore, Give Street and Number. } 513 N. Mosher St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Sept. 14, 1830

AGE 86 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Hamer

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Mary Cooper

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. B. Hamer.

(Address) 313 Mosher St.

Filed 6/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1907

I HEREBY CERTIFY, That I attended deceased from June 12th 1907 to June 15th 1907

that I last saw him alive on June 15th 1907 at 8:30 P.M. and that death occurred, on the date stated above, at 8:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

1. Senile debility

(DURATION) — DAYS

Contributory (Primary.) Cardiac asthenia (DURATION) DAYS

(Signed) E. E. Carr Jr. M.D.

Address 515 N. Mosher St

Date June 15th 1907

Place of Burial Laurel Cemetery

Date June 17th 1907

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

64 ✓

C. 1864

C 1864

Registered No. B

City of Baltimore, (No. 412, N Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel J. Snyder

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Sept (Month) 9th (Day) 1856 (Year)
AGE	51 years, 9 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Robert Hutton
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Rachel Collins
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P Snyder

(Address) 412 N Broadway

Filed 6/16 1907

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 8th 1907 to June 13th 1907

that I last saw h alive on June 13th 1907,

and that death occurred, on the date stated above, at 9.46 P. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 5 DAYS

Contributory Heart Failure

(DURATION) 2 DAYS

(Signed) Elijah J. Russell M. D.

June 16 1907 (Address) 423 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Oakland Cemetery

DATE OF BURIAL: June 17 1907

UNDERTAKER: Albert E Fuller

ADDRESS: 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 2 Lexington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number) St.

Full Name Benj. J. Eaton

{ Residence, if in Baltimore, Give Street and Number. } 1403 2 Lexington C. 1865

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 26 1872

AGE 34 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Benjamin H. Eaton

BIRTHPLACE OF FATHER (State or country) D. C.

MAIDEN NAME OF MOTHER Georgiana Swann

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 3 N. Eden St.

Filed 6/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 14 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to Jun 14 1907

that I last saw h in alive on Jun 10 1907,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis 2 Mo.

(DURATION) DAYS

(Signed) C. F. Blow M.D.

Address 523 E Balto

Date Jun 14 1907

Place of Burial St. Vincents Cemetery

Date June 17 1907

Undertaker Evans & Spence

Address 118 & 120 W. Fayette Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

27
C. 1866
1866

Registered No. B

City of Baltimore, (No. 410 N Parrish St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Johnson

(Address) 410 N. Parrish St

Filed 6/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6 (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9 1907 to Jan 30 1907, that I last saw h[illegible] alive on Jan 30 1907, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Tuberculosis
Chronic ... (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. S. Thomas M. D.

Jan 16 1907 (Address) 111 S Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Jan 16 1907

UNDERTAKER: W. J. Johnson | ADDRESS: 614 Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1418 Bolton St. St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name James Dall Cooke c. 1847

{Residence, if in Baltimore, Give Street and Number.} 1418 Bolton St

Duration of Residence in Baltimore. Eleven years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	December 27th 1817
AGE	89 years, 5 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	George Cooke
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Eleanor Adolius Dall
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana W. Hodges

(Address) 1418 Bolton St

Filed 6/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 27th 190 to June 15th 1907

that I last saw h alive on June 15th 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gradual failure of age

About 4 month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. H. Van Arsdale M.D.

Address 200 W. Lafayette Ave

Date June 15th 1907

Place of Burial London Park

Date June 17th 1907

Undertaker H. W. Jenkins Sons Co

Address Madison & Howard Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 459 Pinckney Place St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antono Vecchio

{ Residence, if in Baltimore, Give Street and Number. } 459 Pinckney Place

Duration of Residence in Baltimore. C. 1868

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	Dec. 1841
AGE	66 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Greece
FULL NAME OF FATHER	Dont know
BIRTHPLACE OF FATHER (State or country)	Greece
MAIDEN NAME OF MOTHER	Dont know
BIRTHPLACE OF MOTHER (State or country)	Greece
OCCUPATION OF DECEASED	Confectioner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nate Castle

(Address) 2330 Eastern ave

Filed 6/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to June 14 1907 that I last saw him alive on June 14 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (Uraemia)

(DURATION) 10 DAYS

Contributory (Primary.)

Acute Bright's (DURATION) DAYS

(Signed) R. R. Elwell M.D.

Address 1741 Hanford ave

Date June 15 1907

Place of Burial Loudon Park Bom

Date June 16th 1907

Undertaker Jno A. Inman

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 Registered No. 136 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Shapiro.

{ Residence, if in Baltimore, Give Street and Number. } 210 S. Eden st C. 1869

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: Louis Jackobs

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Cohen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. K. Pettigrew

(Address) City Hospital

Filed January 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 16 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Peritonitis

(DURATION) 3 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) J. K. Pettigrew M.D.

Address City Hospital

Date June 16 1907

Place of Burial Hebrew Philipsburg Cemetery

Date June 17, 1907

Undertaker Mary Lennon

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1304 N Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Shepherd A. Owens

{ Residence, if in Baltimore, Give Street and Number. } 1304 N Luzerne

Duration of Residence in Baltimore. Since birth C. 1870

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 17th 1906

AGE One years, Six months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Shepherd Owens

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Eliza Poynter

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Shepherd Owens

(Address) 1304 N Luzerne St

Filed June 17 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16th 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to June 16th 1907

that I last saw him alive on June 16th 1907

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lepto Meningitis

(DURATION) 33 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo E Loner M.D.

Address 1501 E Eager St

Date June 16th 1907

Place of Burial Galesville, Anne Arundel Co. Md.

Date June 17, 1907

Undertaker H. W. Mears & Son

Address 705 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1871

City of Baltimore, (No. 666 W. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Garongik

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Garongki

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Pearlman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Garongik

(Address) 666 W Fremont St.

Filed 6/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ~~May~~ three one in 1907 to June 15 1907

that I last saw him alive on June 15 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pulmonary & Laryngeal Tuberculosis

Some months (no date Available) (DURATION) ..... DAYS

Contributory Ethanism (DURATION) ..... DAYS

(Signed) Francis T. Inslee M. D.

June 16 1907 (Address) 1126 Calhoun St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Harrisburg Pa

How long in Place of Death? 9 weeks. Days

Where was disease contracted, if not at place of death? Harrisburg (?)

PLACE OF BURIAL OR REMOVAL: Potter's Field Ben Run

DATE OF BURIAL: June 17, 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 1872

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. Notre Dame Asquith St Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ephiany Weber

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 27 1852 (Month) (Day) (Year)

AGE: 55 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter Weber

BIRTHPLACE OF FATHER (State or country): Prussia

MAIDEN NAME OF MOTHER: Eva Kupp.

BIRTHPLACE OF MOTHER (State or country): Bavaria

OCCUPATION OF DECEASED: Religious of Notre Dame

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa.

(Address) Notre Dame Asquith St

Filed 6/17/07

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 1 1907 to June 15 1907

that I last saw her alive on 15 June 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Chronic Ulcer
Stomach
15 years. (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. J. Kirby M. D.

June 15 1907 (Address) 1106 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Greenmount Privet

DATE OF BURIAL: June 18 1907

UNDERTAKER: A. Fink & Son

ADDRESS: 916 V. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 1873

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 N Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles A. Gaulter

{Residence, if in Baltimore, Give Street and Number.} 210 N Gilmor C. 1873

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 15th 1907

AGE: Part of day ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: C. F. W. Gaulter

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Kate Spooner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. F. W. Gaulter

(Address) 210 N Gilmor

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to June 16 1907

that I last saw h[illegible] alive on [illegible] 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Breech presentation - chir

Liver post 1 hour

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. F. Kemp M.D.

Address 6 W 25th

Date June 15th 1907

Place of Burial Loudon Park

Date June 17 1907

Undertaker Tom Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

enty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same an be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward McCourt

{Residence, if in Baltimore, Give Street and Number.} 521 E. Madison St

Duration of Residence in Baltimore. Life C. 1874

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edward Jos McCourt

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Susan Courtney

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ryan

(Address) 521 E Madison St

Filed 6/17 1907

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1907

I HEREBY CERTIFY, That I attended deceased from June 13 1907 to June 15 1907 that I last saw h alive on June 15 1907 and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Epilepsy -

(DURATION) DAYS

Con'ributory (Primary.) Epilepsy

(DURATION) DAYS

(Signed) Walter D Stone M.D.

Address City Hospital

Date June 15 1907

Place of Burial St Vincents

Date June 18 1907

Undertaker William Coats

Address 502 E North Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1329 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Lynch

{ Residence, if in Baltimore, Give Street and Number. } 1329 N. Stricker C.1875

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	White

DATE OF BIRTH: June 20th 1907

AGE: 70 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjamin Lynch

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Catherine Cole

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sidney R. N. Trappe

(Address) 1329 N. Stricker St.

Filed 6/17/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15th 1907

I HEREBY CERTIFY, That I attended deceased from June 11th 1907 to June 12th 1907 that I last saw h-- alive on June 12 1907, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy or Hemorrhage

Thirty-six hrs (DURATION) 1½ DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 1½ DAYS

(Signed) Silas Baldwin (Coroner M.D.)

Address 710 Lafayette ave.

Date June 15th 1907

Place of Burial Mt. Olivet Cem.

Date June 17th 1907

Undertaker M. Flaherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Andrew Lanhardt

C. 1876

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 9 3 Russell St

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Edgar Hollyday,

(Informant) Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 15 1907 that I last saw him alive on June 15 1907 and that death occurred, on the date stated above, at 1 15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse nephritis, Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Cholelithiasis

(DURATION) DAYS

(Signed) R R Vinnie M.D.

Address Bay View Hospital

Date June 15 1907

Place of Burial Holy Cross Dept 60 McC Barker

Date June 18. 1907

Undertaker Wm Cook

Address 302 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. Asylum & Thoroughs St. (Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary A Thrush C. 18[illegible]

{ Residence, if in Baltimore, Give Street and Number. } last house on Columbia Ave going Washington Blvd. near Gwynns Falls

Duration of Residence in Baltimore. All her life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 10th 1850

AGE 57 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Brooks

(Address) 17 S. Calhoun st

Filed 6/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from April 2 1907 to June 15 1907

that I last saw her alive on June 15 1907,

and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary.) Alcohol

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 54 S Fulton Ave

Date June 16 - 07

Place of Burial Western cemetery

Date 6-18th 1907

Undertaker Robt. Brookes Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEA

(Place of Death.) No. 1913 E. Oagust St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Storky

{Residence, if in Baltimore, Give Street and Number.} 1913 E Oager St. C.1878

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	1 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Storky
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	Frances Corpisel
BIRTHPLACE OF MOTHER (State or country)	Bohemia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Storky

(Address) 1913 E. Oager

Filed 6/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 16 1907

that I last saw her alive on June 16 1907

and that death occurred, on the date stated above, at 1½ P.M. CAUSE OF DEATH (Secondary or Immediate.)

acute Bronchitis

(DURATION) DAYS

Con'ributory (Primary.) Inanition and

Immediate acute (DURATION) DAYS

Bronchitis

(Signed) [illegible] M.D.

Address 1025 E. Monument

Date June 17 1907

Place of Burial Loudon Gardens

Date June 17 1907

Undertaker Frank Enoch

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1879

City of Baltimore, (No. 851, St. Peter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maysie Creamer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct (Month) 26 (Day) 1906 (Year)

AGE — years, 7 months, 20 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Charles C Creamer

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER May Hoffman

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Creamer

(Address) 851 St Peter St

Filed 6/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 15 1907 that I last saw h[illegible] alive on June 15 1907, and that death occurred, on the date stated above, at 12:30 P.M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 11 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) H. E. Krumbhaar M. D.

June 15 1907 (Address) 1002 N Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL June 17 1907

UNDERTAKER J. & B. Cook | ADDRESS 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1880

City of Baltimore, (No. 19 Fairview ave St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm H Carr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 24th 1834 (Month) (Day) (Year)

AGE: 72 years, 6 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: not Known

BIRTHPLACE OF FATHER (State or country): not Known

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): not Known

OCCUPATION OF DECEASED: Janitor Public School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah A. Carr

(Address) 19 Fairview ave

Filed 6/17/1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 10th 1907 to June 15th 1907 that I last saw him alive on June 14th 1907, and that death occurred, on the date stated above, at 10.45 a. m. The CAUSE OF DEATH was as follows:

Nephritis - Weak Heart following attack of La Grippe

(DURATION) 125 DAYS

Contributory Oedema of Lungs

Bone Hemorrhage (DURATION) 5 DAYS

(Signed) John G. Kelly M. D.

June 16th 1907 (Address) 714 7 Federal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: June 17 1907

UNDERTAKER: Jos. B. Cook | ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 717 E Fort Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Mack C. 1861

{ Residence, if in Baltimore, Give Street and Number. } 717 E Fort Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH April 13th 1907

AGE ——— years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jer Mack

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Marguerite Mc Nany

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanor A H McNaney

(Address) 712 E Fort Ave

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from 6/1 1907 to 6/16 1907

that I last saw h[illegible] alive on 6/16 1907,

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 152 E Fort Ave

Date 6/16 1907

Place of Burial CEDAR HILL JUN 17 1907

Date 190

Undertaker Armstrong Denny Co. 715 Light Street

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 894 N. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm B Hillis (White)

{ Residence, if in Baltimore, Give Street and Number. } 894 N. Baltimore Md

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Aug 23 1907

AGE ..... years, 10 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm J Hillis

BIRTHPLACE OF FATHER (State or country) Dorchester Co.

MAIDEN NAME OF MOTHER Virg. Banks

BIRTHPLACE OF MOTHER (State or country) Wicomico Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard E Beach

(Address) 847 N Fayette St.

Filed 6/17 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from June 12 1907 to June 16 1907

that I last saw h. in alive on June 16 1907,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Encephalitis

(DURATION) 4 DAYS

Contributory (Primary) Convulsions (DURATION) 4 DAYS

(Signed) Leonard E Beach M.D.

Address 847 N Fayette St.

Date June 16 1907

Place of Burial Tilghmans Island (Talbott Co.) 1907

Date June 17

Undertaker H. C. Brannings

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BA

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 1883

City of Baltimore, (No. 710 Portland St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 14 (Month) 1907 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Chas A. Baker

BIRTHPLACE OF FATHER (State or country): Balt Md.

MAIDEN NAME OF MOTHER: Hanna Susanet

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A. Baker

(Address) 710 Portland St

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 14th 1907 to June 16th 1907 that I last saw him alive on June 15th 1907, and that death occurred, on the date stated above, at 1.25 A. M. The CAUSE OF DEATH was as follows:

Gastro Intestinal Catarrh

(DURATION) 3 DAYS

Contributory Convulsions 5 hours.

(DURATION) DAYS

(Signed) H. W. Webner M. D.

June 16th 1907 (Address) 723 W Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Balt Cemetery — DATE OF BURIAL: June 17th 1907

UNDERTAKER: Geo Lundack & Son — ADDRESS: 6 & 7 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Everett G Irby C. 1884

{ Residence, if in Baltimore, Give Street and Number. } Glenarrow Point Md

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: — — 1890

AGE: 17 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thomas Irby

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah Brown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Irby

(Address) Glenarrow Md

Filed 6/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to June 15 1907

that I last saw him alive on June 15 1907

and that death occurred, on the date stated above, at 4 35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Spinal Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date June 16 1907

Place of Burial Burkley : Va.

Date June 19 1907

Undertaker Charles F. Burkett

Address 1638 E. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 W. Cross St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hiram D. Sorrell

{ Residence, if in Baltimore, Give Street and Number. } 513 W. Cross St. c. 1885

Duration of Residence in Baltimore. 47 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH May 5 - 1859.

AGE 48 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Winder Sorrell

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Roxianne Carpenter

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Butler

(Address) 503 W Cross-

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14. 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to June 13 1907

that I last saw h im alive on June 13 1907,

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate.)

General debility

Respiratory failure

Repeated Pulmonary Hemorrhages (DURATION) 28 DAYS

Con'tributory (Primary.) Tuberculosis

indefinite (DURATION) DAYS

(Signed) Wm. Freilinger M.D.

Address 802 S. Fremont St.

Date June 14. 1907

Place of Burial Laurel Elm

Date June 17th 1907

Undertaker Alex Hemsley

Address 37 S.W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 218 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Moore C.1886

{ Residence, if in Baltimore, Give Street and Number. } 218 Dolphin St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH ..... 1 .....

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Georgia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16, 1907.

I HEREBY CERTIFY, That I attended deceased from June 4, 1907, to June 16, 1907, that I last saw h— alive on June 14, 1907, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 5 months

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Edw. Magruder M.D.

Address 922 Madison Ave.

Date June 17 1907.

Place of Burial Mt Auburn

Date 6/17 1907

Undertaker Chas. E. Hemsley

Address 517 N. Biddle

Case reported for tuberculosis by Dr. McKenna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 802 Druid Hill Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reginald Smith C. 1887

{Residence, if in Baltimore, Give Street and Number.} 802 Druid Hill Ave

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Alfred A Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Dayson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jorgl Grant

(Address) 802 Druid Hill Ave

Filed 6/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1907

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to June 14 1907

that I last saw h- alive on June 14 1907,

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) D. Gamfrott M.D.

Address 354 N. Biddle st

Date June 16th 1907

Place of Burial Metamora County

Date June 18 1907

Undertaker Felix B Pye

Address 1028 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH

(Place of Death.) No. 131 Jackson Place C. 1888 St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Emanuel M. Moses.

{Residence, if in Baltimore, Give Street and Number.} 131 Jackson Place.

Duration of Residence in Baltimore. ~~June 06-07~~ 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 3d 1859

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Moses Moses

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rose Levi

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Horse dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Moses

(Address) 2321 Linden Ave

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from May 1901 to June 16 1907 that I last saw h[illegible] alive on June 16 1907 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilatation of heart

(DURATION) DAYS

Con'tributory (Primary.) Mitral Regurgitation

Nephritis (DURATION) 2 yrs.

(Signed) Jose L. Hirsh M.D.

Address 1819 Linden Ave

Date June 16 1907

Place of Burial Hebrew Friendship Cem

Date June 18th 1907

Undertaker Lowe & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEA

(Place of Death.) No. 1035 W. Mulberry St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Lorette A. Byrnes

{Residence, if in Baltimore, Give Street and Number.} 1035 W. Mulberry St.

Duration of Residence in Baltimore. Life C. 1889

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John T. Byrnes

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 6/17/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from April 12 1907 to June 16 1907 that I last saw h er alive on June 16 1907, and that death occurred, on the date stated above, at 3. P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion
Paralysis
Endocarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. Byrnes M.D.

Address 1032 Edmondson Ave

Date June 16 1907

Place of Burial New Cathedral

Date June 19 1907

Undertaker Matthew Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEA

(Place of Death.) No. 338 S. Collington Ave. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thelma Murphy C. 1890

{ Residence, if in Baltimore, Give Street and Number. } 338 S. Collington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 18 1905

AGE: 1 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singe

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Calvin Murphy

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Edith Jones

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Murphy

(Address) 338 S. Collington Ave

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to June 16 1907

that I last saw h[illegible] alive on June 16 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

1

Scarlet Fever

(DURATION) 21 DAYS

Contributory (Primary.)

Asthenia (DURATION) 7 DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date June 17 1907

Place of Burial Oak Lawn Cemetery

Date June 17 1907

Undertaker Germanus Thanz

Address Danz & Woelfe Sts.

5 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 1525 Latrobe St St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Leonidas Hall C. 1891

{ Residence, if in Baltimore, Give Street and Number. } 1525 Latrobe St.

Duration of Residence in Baltimore. 8 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: June 6 1907

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 1525 Latrobe St.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mildred Green

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. M. Dunn.

(Address) Maryland Gen. Hosp.

Filed 6/07 1907

BARRY C. ANDREWS, Registrar

PERMIT CLERK.

15-1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 14 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to June 13 1907

that I last saw h— alive on June 13 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Weakness

(DURATION) ..... DAYS

Contributory (Primary.) Hereditary Syphilis (DURATION) 8 DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N La Fayette ave

Date June 15, 1907

Place of Burial ..... MED. CHI. MEDICAL COLLEGE

Date ..... JUN 1 1907 190 ....

Undertaker Consolidation Burial Co.

Address South Baltimore

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 1892

City of Baltimore, (No. 909 Valley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Patrick Clopney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 75 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Nicholas Clancy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Boyle

(Address) 1307 Valley St

Filed 6/17/ 190 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 2 1907 to June 15 1907

that I last saw him alive on June 15 1907,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Croupous Pneumonia

(DURATION) 17 DAYS

Contributory Arteriosclerosis & Renal Dysentery (DURATION) ..... DAYS

(Signed) Frank J. Smith M. D.

June 16 1907 (Address) 1126 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1318 Wilson How long at Place of Death? 13 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross | DATE OF BURIAL: June 18 1907

UNDERTAKER: H. C. Wedefeld | ADDRESS: 914 Lemmon St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 1893 Registered No. B C 1893

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Eugene Whitaker C. 1893

{ Residence, if in Baltimore, Give Street and Number. } St Vincent's Infant asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: Jan 21, 1907

AGE: ..... years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): B. City

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16, 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to June 16 1907 that I last saw h.. alive on June 15 1907, and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or immediate)

Marasmus

Contributory (Primary.) ..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Caroline St

Date June 16 1907

Place of Burial New Cathedral

Date June 17th 1907

Undertaker Martin Fahey & Lowe

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 1894 Registered No. B 1894 1/2 92

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Twiggs

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Infant asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Dec. 17 1904

AGE: 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 6/17 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 15 1907 that I last saw h alive on June 15 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions, cerebral congestion, and toxaemia

(DURATION) ~~2 hours~~ ~~DAYS~~

Contributory (Primary.) Bronchn. pneumonia

(DURATION) 14 DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carolina St.

Date 6/16 1907

Place of Burial Mt. Cathedral

Date June 17th 1907

Undertaker P. Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 151

CERTIFICATE OF DEATH.

Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fortune Smith,

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy C1895

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: N
DATE OF BIRTH: April 26 1907	
AGE: ..... years, 1 month, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

(Address) St. V. I. Asy.

Filed 6/17 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16, 1907

I HEREBY CERTIFY, That I attended deceased from At May 10 1907 to June 16 1907 that I last saw her alive on June 15 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 6 — 16 — 1907

Place of Burial New Cathedral

Date June 17th 1907

Undertaker Wm. Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 1896 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Giles

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy C.1896

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Apr. 13, 1907

AGE: ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15, 1907.

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to June 15 1907 that I last saw her alive on June 15 1907, and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions following gastro-enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. K. Hayward, M.D.

Address 1230 N Caroline St

Date 6-16- 1907

Place of Burial New Cathedral

Date June 17th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C 1897

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ambrose Byrnes, C. 1897

{ Residence, if in Baltimore, Give Street and Number. } St. Vincts Inf. Asylum

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: May 2, 1907

AGE: ..... years, 1 month, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/17. 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to June 15 1907 that I last saw h alive on June 14 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 6-16- 1907

Place of Burial New Cathedral

Date June 17th 1907

Undertaker Barton Dakes & Lowe

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 1898 Registered No. B C 1898

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mark Miller C 1898

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W
DATE OF BIRTH: Apr 25 1907	
AGE: ..... years, 1 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Cal.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1907

I HEREBY CERTIFY, That I attended deceased from Apr 25 1907 to June 15 1907

that I last saw h.. alive on June 14 1907,

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 6 - 16 - 1907

Place of Burial New Cathedral

Date: June 17th 1907

Undertaker Martin Graham & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1699 Registered No. B [illegible] 132

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor Linden Ave and Madison St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Ida Reynolds. C. 1899

{Residence, if in Baltimore, Give Street and Number.} 1709 Brentwood St

Duration of Residence in Baltimore. 16 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	36 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Lancaster Co Pa
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Har Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1392 Presstman St

Filed 6/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14, 1907

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to June 14 1907

that I last saw her alive on June 14 1907

and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage from right ovarian artery

One Day (DURATION) DAYS

Contributory (Primary.) Septic Peritonitis (DURATION) 6 DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N LaFayette

Date June 14 1907

Place of Burial Middle Creek Md

Date June 18 1907

Undertaker James H Dennis

Address 1392 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 2 ... Registered No. 3 1900

£.1900 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Peach Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H Butler.

{ *Residence, if in Baltimore, Give Street and Number.* } 810 Peach Alley .

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: C
DATE OF BIRTH: June 16 1907 1	
AGE: - *years,* 1 *months,* 2 *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190 ....

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 ....

Place of Burial .....

Date ..... 190 ....

Undertaker .....

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. 31901.

CERTIFICATE OF DEATH.

166

(Place of Death.) No. William St. near West St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Casserley.

C. 1901

{Residence, if in Baltimore, Give Street and Number.} William St. near West.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 22 years, 8 months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Crushed by engine.

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B1905 .....

CERTIFICATE OF DEATH. C. 1908 179 ✓

(Place of Death.) No. 1747 Mullikin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Williams.

{ Residence, if in Baltimore, Give Street and Number. } 1474 Mullikin St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: ..... – ..... years, ... 8 ..... months, ... 15 ..... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190.....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

.....

.....

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 1903

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 2438 Belmont Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Isabella Waters.

C. 1903

{ *Residence, if in Baltimore, Give Street and Number.* } 2438 Belmont Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: ... years, ... months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
(Informant)	
(Address)	
Filed ... 190 ... Registrar	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ... 190

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition.

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) ... M.D.

Address ...

Date ... 190 ...

Place of Burial ...

Date ... 190 ...

Undertaker ...

Address ...

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

CERTIFICATE OF DEATH.

137 –

(Place of Death.) No. Southern Police Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Winfield S. Arnold

{ Residence, if in Baltimore, Give Street and Number. } 4 N. Heath St. c. 1904

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 1864.

AGE: 43 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co Md

FULL NAME OF FATHER: Mathias Arnold

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Susan Green

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lettie Arnold (wife)

(Address) 4 N. Heath St

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15th 1907

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide

by hanging in a cell

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. Leinhardt M.D.

Address Coroner

Date June 15 1907.

Place of Burial .....

Date ..... 190 .....

Undertaker D. & M. G. Flynn

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. 31905

CERTIFICATE OF DEATH.

14 V

(Place of Death.) No. 511 S. Port St. ..... St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly May.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 4 years, 8 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Acute dysentery .....

.....

.....(DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. .....

CERTIFICATE OF DEATH.

97 ✓

(Place of Death.) No. 724 S Broadway. ..... St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Lewismond.

C, 1906

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: ..... 54 *years,* ..... 11 ..... *months,* ..... 8 ..... *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190.....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Asthma.

.....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 ....

Undertaker .....

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 1361

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 17 south Spring St. Joseph's Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Murphy

{Residence, if in Baltimore, Give Street and Number.} 17 So. Spring St. C. 1907

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Sexton

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob A. Pflueger

(Address) St. Joseph's Hosp.

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907 to June 14 1907

that I last saw h.. alive on June 14 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

Dont Know (DURATION) DAYS

Con'ributory (Primary.) Chron. Bright's

Dont Know (DURATION) DAYS

(Signed) Jacob A. Pflueger M.D.

Address St. Joseph's Hosp.

Date June 14 1907

Place of Burial .....

Date ..... 190 ...

Undertaker Henry Sanders & Sons

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 31908

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 522 W Conway St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Frederick bachmann.

{ Residence, if in Baltimore, Give Street and Number. } .....

C. 1908

Duration of Residence in Baltimore. .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH ..... 1 .....

AGE ..... 35 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Phthisis Pulmonalis.

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 Registered No. [illegible]

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1901 N Fulton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Robinson.

{Residence, if in Baltimore, Give Street and Number.} c. 1909

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
F	W
DATE OF BIRTH	1
AGE	85 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Old age.

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date.....190....

Place of Burial.....

Date.....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 Registered No. D 13.10

93

CERTIFICATE OF DEATH.

(Place of Death.) No. S.W.Cor. Cross&Ridgley Sts. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Connelly.

c 1910

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 66 *years*, *months*, *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or coutry)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registration No. .....

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. City Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Meaby.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

C 1911

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: ..... 46 ..... *years,* ..... — ..... *months,* ..... — ..... *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Uraemia .

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D.....

C. 1912 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 101 E. MUlberry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name .....

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: ... years, 10 months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Cholera infantum.

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. [illegible]

C. 1913 10-4 L

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of The Poor. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Colton.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 77 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190.....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Debility of Age.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. C. 1914

CERTIFICATE OF DEATH. C. 1914 15-4

(Place of Death.) No. 106 Harford Rd. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Bauer.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 80 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or coountry)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
(Informant)	
(Address)	
Filed ..... 190 ..... Registrar	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Senility.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 .....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 1915 ..... C. 1915 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 Pig Alley. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Williams.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 47 *years,* — *months,* — *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190 .....

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Paralysis.

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 .....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C1916/20

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 N. Vincent St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucinda Milbin.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 70 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Brights Disease.

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. [illegible]

f 1917 68 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 N. Bradford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Whitney.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 35 years, – months, – days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Insanity.

.....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 .....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 Registered No. 2[illegible]

C 1918 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1140 Bowen St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Armstrong.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 60 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Acute Brights Disease .

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. C 19127

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Swaine.

Residence, if in Baltimore, Give Street and Number. 1322 Rutter St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	*MEDICAL CERTIFICATE OF DEATH*
SEX: F — COLOR: C	DATE OF DEATH: 190
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from 190 to 190
AGE: 19 years, — months, — days	that I last saw h alive on 190, and that death occurred, on the date stated above, at
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	Tuberculosis.
BIRTHPLACE OF FATHER (State or country)	(DURATION) DAYS
MAIDEN NAME OF MOTHER	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country)	(DURATION) DAYS
OCCUPATION OF DECEASED	(Signed) M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address
(Informant)	Date 190
(Address)	Place of Burial
Filed	Date 190
190 Registrar	Undertaker
	Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. C.1920 2-5

CERTIFICATE OF DEATH.

(Place of Death.) No. 842 Hampson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine McCue.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 63 *years*, — *months*, — *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Phthsis Pulmonalis.

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH. £ 1921/54

(Place of Death.) No. 1400 W. Lexington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Bowen

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 88 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Senility.

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. C 1922 641

CERTIFICATE OF DEATH.

(Place of Death.) No. 2218 E. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Enoch Ely.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 76 years, 10 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
(Informant)	
(Address)	
Filed ..... 190 ..... Registrar	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Apoplexy. .....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 .....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 61923

CERTIFICATE OF DEATH. C 1923 64

(Place of Death.) No 2201 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Saunders .

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 42 years, – months, – days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Apoplexy.

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. 8152

CERTIFICATE OF DEATH. C-1924 116

(Place of Death.) No. 537 W. Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eli. Middleton.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	*MEDICAL CERTIFICATE OF DEATH*
SEX: F / COLOR: C	DATE OF DEATH 190
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....
AGE: 21 years, – months, – days	that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at .....
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	Peritonitis.
BIRTHPLACE OF FATHER (State or country)	(DURATION) ..... DAYS
MAIDEN NAME OF MOTHER	Contributory (Primary.) .....
BIRTHPLACE OF MOTHER (State or country)	(DURATION) ..... DAYS
OCCUPATION OF DECEASED	(Signed) ..... M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address .....
(Informant)	Date 190
(Address)	Place of Burial .....
Filed ..... 190 ..... Registrar	Date 190
	Undertaker .....
	Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 D

Registered No. 1925

CERTIFICATE OF DEATH.

£. 1925, 13-7

(Place of Death.) No. Nursery & Child's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Marcel.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: – years, – months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Marasmus.

.....

.....(DURATION).....DAYS

Contributory (Primary).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ...

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. C 1926 179

(Place of Death.) No. Globe Brewery, Hanover and Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick ~~Arnold~~ Arold

{ Residence, if in Baltimore, Give Street and Number. } 2514 Oak St.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 20 1859

AGE: 48 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Arold (wife)

(Address) 2514 Oak St

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 17th, 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 8.30 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo M Reinhardt M.D.

Address Coroner

Date June 17 1907

Place of Burial .....

Date ..... 190...

Undertaker Mr. and Mrs. John W. Teufel

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B 1921

E. 1209 116 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1243 Hare St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ida Parunski.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 23 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis.

.....(DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 1928

CERTIFICATE OF DEATH.

C. 9286 ✓

(Place of Death.) No. 2032 Mura St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo.W.Peocock.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 2 years, 1 months, 29 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190...

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

cerebro-spinal Meningitis

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 Registered No. 1929

CERTIFICATE OF DEATH. C1929 27

(Place of Death.) No. 2476 Frederick Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margeret Smith.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 14 years, 8 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to .....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190....

Place of Burial .....

Date ..... 190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B.....

£.1930. 90 ←

CERTIFICATE OF DEATH.

(Place of Death.) No. 33 Frederick Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Greis.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: — years, — months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Bronchitis.

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th — Registered No. B.95X

CERTIFICATE OF DEATH. C.1931 93

(Place of Death.) No. 427 S. Pulaski St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. J. Westphal.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 60 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 Registered No. D...82

C. 1932 137 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 852 S. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Egnacek.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: — years 5 weeks months — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Malnutrition.

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 1933

CERTIFICATE OF DEATH. C 1933-93

(Place of Death.) No. 1627 Little Walsh St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Morarity.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 30 years, 1 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Pneumonia.

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. C1934.179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1845 Belt Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Marie Jackson.

Residence, if in Baltimore, Give Street and Number.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH: 1

AGE: – years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B.....

C.1935 70 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 E. Fayette St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Bender.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 5 years, – months, – days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 Registered No. B[illegible]

C. 1936 15-1

CERTIFICATE OF DEATH

(Place of Death.) No. 614 W. Cross St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Lena Wetzel.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: – years, – months, 20 hours days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 Registered No. B[illegible]

C. 1937 78 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 Fell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A. Schroeder.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 47 years, 6 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Endocarditis.

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

✓

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. 1938

C. 1938 46

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily J. Smith.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH ..... 1 .....

AGE 39 *years,* — *months,* — *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190.....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Abdominal tumor.

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 Registered No. [illegible]

C. 1939 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Ridgely St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Sparks.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 62 years, 1 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190....

Place of Burial .....

Date ..... 190....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 D Registered No. B...

CERTIFICATE OF DEATH.

6:1940 64

(Place of Death.) No. 1006 Hollins St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria A. Richman.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH ..... 1 .....

AGE 55 years, 01 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

.....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B....

CERTIFICATE OF DEATH. C.1941 '179 ✓

(Place of Death.) No. 905 S. Broadway. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Leonard.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: — years, 3 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Inanition.

.....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 Registered No. D.....

C.1942 119 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Low S^{t}t. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Etta Ginfer.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH: 1

AGE: 18 years, 8 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

✓

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B...

C.1943,144 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St.Josephs Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ephriam Hurst.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: C
DATE OF BIRTH: 1	
AGE: 32 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Cellulitis.

.....

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 1944

CERTIFICATE OF DEATH. C 1944 179

(Place of Death.) No. 124 east Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick O'Dea

{Residence, if in Baltimore, Give Street and Number.} 124 E. Hughes St.

Duration of Residence in Baltimore. 34 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Don't know 1
AGE	60 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	Thomas O'Dea
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	mary O'Dea.
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget O'Dea (wife)

(Address) 124 E Hughes ave

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16th, 1907

I HEREBY CERTIFY, That I attended deceased from June 12 1907 to June 16 1907

That I last saw h-- alive on June 16 1907

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D.

Address 1017 So Charles St

Date June 17 1907

Place of Burial .....

Date ..... 190....

Undertaker F.A.Krause & Bro.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. [illegible]

C 1945 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 Hargrove Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Josephine Jones.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 60 years, - months, - days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 6 1946

C. 1946 137

CERTIFICATE OF DEATH.

(Place of Death.) No. 2126 McCulloh St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Leon Hillman

{Residence, if in Baltimore, Give Street and Number.} 2126 McCulloh St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ....1....

AGE: ....years, ...months, 2 Wks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

....190....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1907

I HEREBY CERTIFY, That I attended deceased from June 13 1907 to June 18 1907.

that I last saw him alive on June 18 1907.

and that death occurred, on the date stated above, at .....

1. CAUSE OF DEATH (Secondary or Immediate.)

Haemoglobinuria

(Mineral Poison)

(DURATION) 5 DAYS

Contributory (Primary.) Asthenia

(DURATION) 5 DAYS

(Signed) Henry C. O'Neill M.D.

Address 1203 W. Fayette St

Date Duplicate Feb 26 1908

Place of Burial .....

Date .....190....

Undertaker Max Levinson

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B01947

C. 1947 93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 N. Bradford St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Besvoda.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH ..... 1.....

AGE 67 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, cause and date of death, condition** (whether married or single) of the person deceased, and the

Ward 7 / Registered No. B 11948

C. 1948 81

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Tankard.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 56 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Arterio Sclerosis.

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ...

C.1949 74

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 E. Church St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maby E. Wiegand .

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 58 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
(Informant)	
(Address)	
Filed ..... 190 ..... Registrar	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Multiple Neuritis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190....

Place of Burial .....

Date ..... 190....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B1300

C.1450 137

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Leadenhall St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Elizabeth Dorer

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: – years, – months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed .....

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition.

.....

.....

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial.....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. B 1951

C.1951 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 2443 Barclay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard [redacted] Downin.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 53 years, 3 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B [illegible]

C 1952 25

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 N. Parrish St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name JErome Owens.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	C

DATE OF BIRTH ..... 1 .....

AGE ..... 27 ..... years, ... — ..... months, ... 18 ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Tuberculosis .....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION)..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C.1953 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 Buren St. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Maher.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 50 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Coma .

.....

.....

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C.1954 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 south Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret M Ellard

{Residence, if in Baltimore, Give Street and Number.} 124 South Carey St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 1 years, 7 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to June 17 1907

that I last saw h[illegible] alive on June 17 1907.

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 3 DAYS

Contributory (Primary) Convulsions (DURATION) 1 DAYS

(Signed) Henry E. O'Neill M.D.

Address 1705 Maryland Ave

Date Duplicate July 26 1908

Place of Burial

Date 190

Undertaker John J. Fields

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B. 1955

C.1955

CERTIFICATE OF DEATH.

(Place of Death.) No. 329 W. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothea Schoeler.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 59 years, 7 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Diabetes Melitis •

.....

.....

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... Registered No. B ...

C. 1956 179 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 south Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Palucki

{Residence, if in Baltimore, Give Street and Number.} 614 S Ann st

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed

... 190 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

...

Cardiac failure

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thomas Sudlow M.D.

Address 320 N Greene st

Date ... 190 ...

Place of Burial ...

Date ... 190 ...

Undertaker M.F.Sadowski

Address ...

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D .....

C.1957 36 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Theresa Thomas

{Residence, if in Baltimore, Give Street and Number.} Washington D.C.

Duration of Residence in Baltimore. April 20th 1907

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk.

DATE OF BIRTH: April 17th 1907

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 17th 1907

I HEREBY CERTIFY, That I attended deceased from

.....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Syphilis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison

Date .....190.....

Place of Bu-ial .....

Date ..... 190 ....

Undertaker Felix B. Pye

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7-2 Registered No. B 2[illegible]

C. 1958 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 N. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Walter

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 77 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190.....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Strangulated, Hernia.

.....

.....

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. [illegible]

C.1959 27L

CERTIFICATE OF DEATH.

(Place of Death.) No. 1311 E. Madison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David W. Couglan.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 55 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Tuberculosis.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. C.1960 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George M. Comb.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 55 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis •

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 0 1961

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John F. Montague

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk.

DATE OF BIRTH: 1

AGE: ..... years, 4 1/2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1907

I HEREBY CERTIFY, That I attended deceased from

.....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Tubercul. Meningi.

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison

Date .....190.....

Place of Bu-ial Bonnie Brae

Date June 19 190 ....

Undertaker Felix B. Pye

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B.....

C 1962

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 north Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roberta Carter

{ Residence, if in Baltimore, Give Street and Number. } 508 Aliceton st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1907

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

acute Bronchitis

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm. Blackburn M.D.

Address Two Lex. Ave. (Colored)

Date June 18th 1907

Place of Bu-ial .....

Date .....190...

Undertaker Alfred J. Freeland

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B1963

C.1963 40 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1638 Hakesley Place. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Chas. F. W. Schroter.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 42 years, 10 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....H. CAUSE OF DEATH (Secondary or Immediate.)

.....

Carcimona of Liver.

.....

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 Registered No. B 1964

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 132 E. Hughs ST, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Corkran.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 65 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

General Anasarca.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 .....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C. 1965 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2036 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William E. Gardner.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 36 years, 6 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

.....

.....

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B.....

C.1966 40

CERTIFICATE OF DEATH.

(Place of Death.) No. Kate Ave. (Annex) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Frances Dyer.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 54 *years*, - *months*, - *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C.1960 431

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 north Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza J.L.Appell

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1r	
AGE: 60 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto Co.	
FULL NAME OF FATHER: John Appell	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Louisa D. Dietz	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: seamstress	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) 702 N Broadway

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1907

I HEREBY CERTIFY, That I attended deceased from May 6th 1905 to June 18th 1907 that I last saw her alive on June 18th 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of Breast (DURATION) 2 yrs DAYS

(Signed) Chas. B. Fleagle M.D.

Address 830 N Broadway

Date June 18th 1907

Place of Burial .....

Date ..... 190...

Undertaker Albert E. Fuller

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 Registered No. B° 1968 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 Fourth Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Guinan.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 43 years, 2 months, - days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Aortic Regurgitation.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. D C-1969 66 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 George St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Francis Card.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 66 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Hemeplagia.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

C.19770 103

CERTIFICATE OF DEATH.

(Place of Death.) No. 562 Mosher St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Corbin.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: – years, 8 months, – days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Intestinal Spasms.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 .....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. E.1971

CERTIFICATE OF DEATH.

E.1971 79 40

(Place of Death.) No. Union Protestant Infirmary. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Mason.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 51 *years*, 10 *months*, 20 *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. [illegible]

C.1972 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 2509 Barclay St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Vinnie Dawson.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 41 years, – months, – days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Heart Disease.

.....

.....

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B.....

CERTIFICATE OF DEATH.

C. 1973 78L

(Place of Death.) No. 805 Lennox St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Jane McLean.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: ..... 87 ..... *years,* ..... — ..... *months,* ..... — ..... *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
(informant)	
(Address)	
Filed ..... 190 ..... Registrar	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Chronic Endocarditis.

.....

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. [illegible]

C. 1974 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 Hollins Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora G. Phillips.

Residence, if in Baltimore, Give Street and Number.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: ... years, ... months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190.....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Infantile Convulsions.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C 1975

(Place of Death.) No. 2004 east Preston St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie M. Orth

157

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W.
DATE OF BIRTH: 1	
AGE: ..... years, ... months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 19th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stillborn

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas. B. Taylor M.D.

Address 830 N Broadway

Date ..... 190.....

Place of Bu-ial .....

Date ..... 190 ....

Undertaker Henry Hoeck & Son

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

C.1976 177 L

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 826 Blutcher Ave. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lycurgus Mamphr.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH ..... 1 .....

AGE ..... 79 *years,* 7 *months,* 22 *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Dropsy.

.....

.....

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. 6 1977 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1513 Foster Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Schroetter.

{Residence, if in Baltimore, Give Street and Number.} _____

Duration of Residence in Baltimore. _____

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 55 years, 6 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) _____

(Address) _____

Filed

_____ 190____ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ 190____

I HEREBY CERTIFY, That I attended deceased from

_____ 190____ to _____ 190____

that I last saw h____ alive on _____ 190____

and that death occurred, on the date stated above, at _____

_____ M. CAUSE OF DEATH (Secondary or Immediate.)

_____

Gastritis.

_____

_____ (DURATION) _____ DAYS

Con'ributory (Primary.) _____

_____ (DURATION) _____ DAYS

(Signed) _____ M.D.

Address _____

Date _____ 190____

Place of Burial _____

Date _____ 190____

Undertaker _____

Address _____

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. 5518

c 1978 13-1

CERTIFICATE OF DEATH.

(Place of Death.) No St. Vincent Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary. Todd.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: — years, — months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Marasmus.

.....

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. D ..... C 1409 1907

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant. Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph A. Evans.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: ..... – years, ... 1 ..... months, ... – ..... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190 .....

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Marasmus.

.....

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 .....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B1980

C.1980

13-L

CERTIFICATE OF DEATH.

(Place of Death.) No. St, Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clement W. Carter.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH: 1

AGE: – years, – months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190.....

I HEREBY CERTIFY, That I attended deceased from

..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 1981

C. 1981 15-L

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant ASylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Franklin.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: — years, — months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or couutry)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Marasmus.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 .....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 1982

CERTIFICATE OF DEATH.

C 1982 27

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fanny Gassaway.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 35 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Tuberculosis.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B9 1983

6-1983 1-

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 Whatcoat. St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irene Brown Arthur.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 24 years, 2 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

.....

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial.....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B C 1984

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 north Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Constant F. Smith

{ Residence, if in Baltimore, Give Street and Number. } 234 North Gilmor St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Draftsman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to June 18 1907

that I last saw him alive on June 18 1907

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

Was Known, attended (DURATION) 7 DAYS

Con'ributory (Primary.) Pulmonary Oedema & Myocarditis (DURATION) 7 DAYS

(Signed) Henry C. Bell M.D.

Address 1203 W. Fayette St

Date Duplicate July 26 1908

Place of Burial

Date 190

Undertaker E. Madison Mitchell

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 1985

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1420 Patapsco St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Simon.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 35 years, 4 months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Pneumonia.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. D 2[illegible]

C 1986 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 S. Fulton AVe. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lydia M. Lookingland.

Residence, if in Baltimore, Give Street and Number.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 72 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Apoplexy.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 2 Registered No. B 1987

C. 1987 42 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1222 Edward St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mollie Newton.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 45 years, 8 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Cancer of Uterus.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 1988

C 1988 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 Madison Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Latinier Lyon.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 74 years, 10 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or couutry)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190..

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Angina Pectoris.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190..

Place of Burial .....

Date .....190..

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible] C 1489 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Peirce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodore Battey.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: C
DATE OF BIRTH: 1	
AGE: — years, 8 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Enteritis.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190....

Place of Burial .....

Date ..... 190....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 Registered No. B[illegible]

C.1490 1.0 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1000 E. Preston St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary E. Owens.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 70 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

La Grippe.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 1991

CERTIFICATE OF DEATH. 1791

(Place of Death.) No. 704 S. Luzerne St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George E. Kreppel.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: – years, 3 months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 Registered No. B 1992

C 1992 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 E. Ostend St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Deuney.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 62 years, 1 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190 .....

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Gastro Enteritis.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 .....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B1993

1574

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 N. Durham St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Kapralek .

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 65 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate.)

Senility.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 1994

CERTIFICATE OF DEATH.

931 ✓

(Place of Death.) No. 1013 E. Hoffman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William G. Kopf.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 28 years, 3 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

.....Pneumonia.....

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 6 1995

CERTIFICATE OF DEATH. 166 ✓

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Thomas

{ Residence, if in Baltimore, Give Street and Number. } 413 Lyon St.

Duration of Residence in Baltimore. 5 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18th 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1055

M. CAUSE OF DEATH (Secondary or Immediate)

Body crushed

(DURATION) DAYS

Contributory (Primary.) Burns dirt fell on him

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker Alex. Hemsley

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 D Registered No. B 1996

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carl F. Bunick.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 44 years, 6 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

.....

Tuberculosis.

.....

..... (DURATION) .....DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B1907

70 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Virginia Parr.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 24 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Eclampsia.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 22 Registered No. B 01998

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 211 S. Paca St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Nehr.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 52 years, 3 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Tuberculosis.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 Registered No. B01999

CERTIFICATE OF DEATH.

105 — ✓

(Place of Death.) No. 728 S. Bond St, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen Borkowicz.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: — years, 6 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Gastro Enteritis.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. 12000

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F. Wiest

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: — years, 1 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 Registered No. B C 2001

CERTIFICATE OF DEATH. 166

(Place of Death.) No. B.& O.Tunnel, Mount Royal Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Protosvi Wadix Wadok

{Residence, if in Baltimore, Give Street and Number.} Yost st

Duration of Residence in Baltimore. 18 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 35 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 20th 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Current of electricity

3rd rail B.& O. Tunnel

Resided in Country (DURATION) DAYS

Con'tributory (Primary.) accident

(DURATION) DAYS

(Signed) Chas Boedeker M.D.

Address 700 Log. av. (Corner)

Date June 20th 190 9

Place of Burial

Date 190

Undertaker William J.Tickner.& Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B2002

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1724 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Micheal J. McGuiness.

{Residence, if in Baltimore, Give Street and Number.} _____

Duration of Residence in Baltimore. _____

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 81 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) _____

(Address) _____

Filed

_____ 190 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ 190 ____

I HEREBY CERTIFY, That I attended deceased from _____ 190 ____ to _____ 190 ____ that I last saw h _____ alive on _____ 190 ____ and that death occurred, on the date stated above, at _____

_____ M. CAUSE OF DEATH (Secondary or Immediate.)

_____

_____

Anterio Sclerosis.

_____ (DURATION) _____ DAYS

Con'ributory (Primary.) _____

_____ (DURATION) _____ DAYS

(Signed) _____ M.D.

Address _____

Date _____ 190 ____

Place of Burial _____

Date _____ 190 ____

Undertaker _____

Address _____

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 2003

1061

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 south Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irvine D. Cooke

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 4 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balt City	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 19th 1907

I HEREBY CERTIFY, That I attended deceased from June 16th 1907 to June 19th 1907

that I last saw him alive on June 19th 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enterotis

..... (DURATION) 3 DAYS

Con'tributory (Primary.) Infantile Paralysis

..... (DURATION) 2 DAYS

(Signed) Chas. B. Fleck M.D.

Address 830 N Broadway

Date June 19th 1907

Place of Burial .....

Date ..... 190 ....

Undertaker H. Sanders & Sons

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 2004

CERTIFICATE OF DEATH. 137 ✓

(Place of Death.) No. 748 Waesche St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Hutchinson.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	C

DATE OF BIRTH: 1

AGE: - years, 2 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

.....

Marasmus .

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. B 2005 C.2005 27✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 749 Sarah Ann St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Frank Ware

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	C

DATE OF BIRTH: 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercul osis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B2068

C 2006 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2422 E. Biddle St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George E. Fosler.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 70 years, – months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190.....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Phthisis Pulmonali s.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B2007

C.2007.76 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 S. Curley St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Schutz.

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: — years, — months, 5 min. days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Placenta Praevia.

..... (DURATION) .....DAYS

Con'ributory (Primary.) .....

.....(DURATION) ..... DAYs

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B C 2008

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 742 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alverta Stewart

{Residence, if in Baltimore, Give Street and Number.} 742 Bradley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colrd

DATE OF BIRTH: 1

AGE: years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo. Stewart

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alverta Stewart

(Address) 742 Bradley St.

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 20th 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 4 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Lilian Baldwin M.D.

Address 700 Laf. Av. (Lemmon)

Date June 21 190 7

Place of Burial

Date 190

Undertaker Commissioner of Health

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward D Registered No. B2009

50 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2225 E. North Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Louis Colderman.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 37 years, 1 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190.....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Diabetes.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190.....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B2610

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 938 Chesapeake St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Kaukesky

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH 1

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 2011

CERTIFICATE OF DEATH.

E 2011 119

(Place of Death.) No. 620 Clinton Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Agnes Kelly.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH: 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward: 12 Registered No. B c 2012

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2200 north Fulton avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phebe A.Stickle

{Residence, if in Baltimore, Give Street and Number.} 2208 North Fulton Ave

Duration of Residence in Baltimore. 8 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 18 1824

AGE: 82 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to June 21 1907 that I last saw h[illegible] alive on June 21 1907 and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral hemorrhage

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Fred B Jennett M.D.

Address 2208 North Fulton ave

Date 190

Place of Burial

Date 190

Undertaker Charles E. Franck

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B C 2813

CERTIFICATE OF DEATH. 1 56

(Place of Death.) No. City Morgue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Asendorf

{ Residence, if in Baltimore, Give Street and Number. } 909 W Saulbury

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 26 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Gas

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address .....

Date ..... 190 ....

Place of Burial .....

Date ..... 190 ....

Undertaker George W. Little

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 Registered No. B C 2014

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1603 Patapsco St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Scholz

{Residence, if in Baltimore, Give Street and Number.} 1603 Patapsco

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1907

I HEREBY CERTIFY, That I attended deceased from June 2 1907 to June 20 1907 that I last saw her alive on June 19 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Heart Desease

(DURATION) DAYS

Con'tributory (Primary.) Chronic Bright's

(DURATION) DAYS

(Signed) C. P. Frances M.D.

Address 1606 Light St

Date June 20th 1907

Place of Burial Baltimore Cemetery

Date 190

Undertaker J.C. Evans & Son

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 Registered No. B C 2815

CERTIFICATE OF DEATH.

(Place of Death.) No. Earl Court, corner Preston and St. Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sumner A. Parker, Jr.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 20 — 1907
AGE	— years, — months, One days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Neo-Born
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Sumner A Parker
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Wagner
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	New Born

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 20th 1907 to June 21 1907 that I last saw him alive on June 21 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) One DAYS

Con'tributory (Primary.) Congenital Debility (DURATION) ..... DAYS

(Signed) J. Morris Clemons M.D.

Address 230 W. Chase St

Date June 21 1907

Place of Burial .....

Date ..... 190....

Undertaker H. W. Jenkins & Sons Co.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 Registered No. B C 2016

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1822 Third St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Ryan

{Residence, if in Baltimore, Give Street and Number.} 1822 Third St Walbrook

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 20th 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to June 20 1907

that I last saw h- alive on June 19 1907

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 hour DAYS

Con'ributory (Primary.) Lobar Pneumonia

(DURATION) Five DAYS

(Signed) J. Pollard Lashare M.D.

Address 1908 N. Horton Ave

Date 190

Place of Burial

Date 190

Undertaker H.W. Jenkins & Sons Co.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C 2017

CERTIFICATE OF DEATH.

13-1

(Place of Death.) No. 426 east Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Peck

{Residence, if in Baltimore, Give Street and Number.} 426 E Preston St

Duration of Residence in Baltimore. Five Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 21st 1907

AGE: ___ years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ___

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: August Peck

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Margaret Campbell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 21st 1907 to June 21 1907

that I last saw h[illegible] alive on June 21 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) ___ DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. K. Galloway M.D.

Address 318 E. Lanvale

Date June 22nd 1907

Place of Burial .....

Date ..... 190.....

Undertaker William H. Higdon

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B2018

C.2018 2/V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylunm. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Michael Mooney.

Residence, if in Baltimore, Give Street and Number. 1938 E. Lafayette Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 33 years, 9 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Tuberculosis.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date ..... 190 ....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 Registered No. B 2019

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 Dawson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Lee

{Residence, if in Baltimore, Give Street and Number.} 313 Dawson Alley

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ——

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20, 1907

I HEREBY CERTIFY, That I attended deceased from June 10, 1907 to June 20 1907

that I last saw her alive on June 16, 1907,

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 0 1/2 Mos.

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. C. Trumbo M.D.

Address 653 Columbia Ave.

Date June 21, 1907.

Place of Burial .....

Date ..... 190 ...

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 Registered No. B C 2020

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 3509 Falls road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilbert E. Rice

{ Residence, if in Baltimore, Give Street and Number. } 3509 Falls Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 1st 1906

AGE ..... years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Edward Rice

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Ensor

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Rice

(Address) 3509 Falls Road

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to June 21 1907

that I last saw him alive on June 21 1907

and that death occurred, on the date stated above, at 8 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions due to Teething

(DURATION) 1 DAYS

Contributory (Primary.) Teething (DURATION) 30 DAYS

(Signed) L. Krauss M.D.

Address 765 3rd Ave

Date July 29 1908

Place of Burial Druid Ridge

Date June 23/07 190

Undertaker A.S. Marshall

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C 2021

166 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Joseph McKenny, Jr.

{Residence, if in Baltimore, Give Street and Number.} 605 E Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1907

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h~~e~~ alive on 190

and that death occurred, on the date stated above, at 6

~~11~~. CAUSE OF DEATH (Secondary or Immediate.)

Body mangled by being caught in rolling machine (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E. Carmichael Coroner. M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker H.C. Wiedefeld

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C 2022

CERTIFICATE OF DEATH.

2/V

(Place of Death.) No. 1007 Ashland avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine E. Lee

{Residence, if in Baltimore, Give Street and Number.} 1007 Ashland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jeremiah Cronin

BIRTHPLACE OF FATHER (State or country): Ireland (?)

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1906 to June 21st 1907

that I last saw her alive on June 21st 1907

and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonalis

8 mos (DURATION) 8 DAYS

Con'tributory (Primary.)

Asthenia (DURATION) ? DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker Henry Hoeck & Son

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B c 2023

CERTIFICATE OF DEATH. 1544

(Place of Death.) No. 1210 Wilcox St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George Cleer

{Residence, if in Baltimore, Give Street and Number.} 1210 Wilcox St

Duration of Residence in Baltimore. 65 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1906 to June 22nd 1907

that I last saw him alive on June 22(d) 1907

and that death occurred, on the date stated above, at 9

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

.....(DURATION) — DAYS

Con'tributory (Primary.)

Asthenia (DURATION) — DAYS

(Signed) C. M. C. Parker M.D.

Address 1051 Aisquith St

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker Henry Hoeck & Son

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 Registered No. B2024

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1642 Belt Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. F.Burchey.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 46 years, 11 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Carcimonia of Stomach.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 Registered No. B2025

CERTIFICATE OF DEATH. 120 ✓

(Place of Death.) No. St. Joseph 's Hospital. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph W. Bond.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 51 years, — months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Brights Disease.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

✓

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

Registered No. 2026

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 939 Lemon St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Stump.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: 2 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions from eating pickels.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B2027

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Papademas.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 28 years, 11 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Oedemia of lungs.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 .....

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 Registered No. B2028

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 S. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary K. Zellers.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 42 years, 8 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 7 Registered No. B2029

CERTIFICATE OF DEATH. 1041

(Place of Death.) No. Johns Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Birdie Hilliard .

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 25 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis.

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190....

Place of Burial .....

Date .....190....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B02030

CERTIFICATE OF DEATH.

(Place of Death.) No. 650 N.Fulton Ave . St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Karl Demphwolf.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 43 years, 2 months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of brain from alcoholism. (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 .....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 2031

CERTIFICATE OF DEATH. '79

(Place of Death.) No. 1602 Girard Terrace. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Jackson.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	C

DATE OF BIRTH ..... 1.....

AGE ..... 65 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Cardiac failure.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. 2032

CERTIFICATE OF DEATH.

179 ✓

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Zeigfield.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 44 years, 7 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Shock.

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) .....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 2033

120

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie ~~Payner~~ Maymer Raymer

{Residence, if in Baltimore, Give Street and Number.} 2204 Druid Hill ave

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 24 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Russia	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 22nd 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 1 am to June 22 1907 11 am

that I last saw h.. alive on June 22 1907

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Chronic Nephritis

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date June 22 1907

Place of Burial .....

Date ..... 190.....

Undertaker Max Levinson

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9

Registered No. B C 2034

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 Pen Lucy avenue St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name

{Residence, if in Baltimore, Give Street and Number.} Milton C. Gorsuch

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 37 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th, 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pelitum Pulmonale

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carman M.D.

Address Cross Keys

Date ..... 190.....

Place of Burial .....

Date ..... 190.....

Undertaker Joseph J. Herr

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward Cowdry — Registered No. B C 2035

79 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Zorn

{Residence, if in Baltimore, Give Street and Number.} 603 Broadway

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 1

AGE: 13 years, 0 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to June 21 1907 that I last saw him alive on June 21 1907 and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Insufficiency

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date June 21 1907

Place of Burial

Date 190

Undertaker Germanus France

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7

Registered No. B C 2036

CERTIFICATE OF DEATH.

27√

(Place of Death.) No. 2303 Ashland avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Hluzek

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1

AGE: 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st 1907

I HEREBY CERTIFY, That I attended deceased from May 27 1907 to June 20 1907

that I last saw h[illegible] alive on ^ 1907.

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

Burns in Head (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2303 Ashland Ave

Date 190

Place of Burial

Date 190

Undertaker Frank Cvach

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B C 2037

CERTIFICATE OF DEATH. 103

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Henry Cathy

{ Residence, if in Baltimore, Give Street and Number. } 111 E 2 Lafayette Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH May 23rd 1907

AGE ..... years, ... months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Henry Cathay

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mary Cathay

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1907

I HEREBY CERTIFY, That I attended deceased from

.....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis. Colitis

(DURATION) 6 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date .....190.....

Place of Burial Bonnie Brae

Date June 22nd 1907

Undertaker Felix B. Pye

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — Registered No. B c 2038

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 111 east Lafayette avenue St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Pearl A. Tice

{Residence, if in Baltimore, Give Street and Number.} 111 E Lafayette ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR Mulatto

DATE OF BIRTH —

AGE 19 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Tice

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Pauline Egner

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 21 1907

that I last saw h[illegible] alive on June 21 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular heart disease

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Rheumatism

..... (DURATION) ..... DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins st

Date June 22 1907

Place of Burial .....

Date ..... 190.....

Undertaker E. Madison Mitchell

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 19 Registered No. B 2039

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 306 N. Carey st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nina May Boynton

{Residence, if in Baltimore, Give Street and Number.} 306 N. Carey st.

Duration of Residence in Baltimore. Six weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): State of New York

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Boynton

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21, 1907

I HEREBY CERTIFY, That I attended deceased from June 10, 1907 to June 21, 1907 that I last saw her alive on June 21, 1907 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Poisoning

(DURATION) Several DAYS

Contributory (Primary.) Bright's Disease (DURATION) Months DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor st

Date June 3, 1907

Place of Burial

Date 190

Undertaker Dickson & Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 24 Registered No. B C 2040

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1613 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward C. Wright

{Residence, if in Baltimore, Give Street and Number.} 1613 Light St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married -

BIRTHPLACE (State or country): B. C. -

FULL NAME OF FATHER: Dennis Wright. -

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: R.R. Engineer. -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st 1907

I HEREBY CERTIFY, That I attended deceased from 190 to June 21 1907

that I last saw h in alive on June 21 1907. about 6

and that death occurred, on the date stated above, at H M. CAUSE OF DEATH (Secondary or Immediate.)

Valv. Disease of Heart

(DURATION) DAYS

Con'tributory (Primary.) Chronic Bright's about 1 year

(DURATION)

(Signed) C P Stuart M.D.

Address 1606 Light St

Date June 21 1907

Place of Burial

Date 190

Undertaker Edward I. Fanning

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C 2041

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2137 east Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter E.Hill

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W.
DATE OF BIRTH: 1	
AGE: 30 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1907

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

.....

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190.....

Undertaker Robert T. Turner

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 — Registered No. B C 2042

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 212 west Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Kaufman

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22nd 1907

I HEREBY CERTIFY, That I attended deceased from about June 15 1907 to June 22 1907

that I last saw h.. alive on June 21 or 22 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

Cont Illness (DURATION) ..... DAYS

Con'ributory (Primary.) Haemorrhage

(Pulmonary) + Asthenia (DURATION) 7 DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia av

Date ..... 190.....

Place of Burial .....

Date ..... 190.....

Undertaker Robert T. Turner

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

Registered No. B 0 2043

CERTIFICATE OF DEATH.

130 V

(Place of Death.) No. 1830 north Durham - St. Josephs Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Ray

{Residence, if in Baltimore, Give Street and Number.} 1820 N. Durham

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1

AGE ..... 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. N. O'Hungr

(Address) St. Jos. Hosp

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 20th, 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to June 20 1907

that I last saw h[illegible] alive on June 20 1907

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Shock following operation

Several hours (DURATION) ..... DAYS

Con'tributory (Primary.) Retroflexion

[illegible] (DURATION) ..... DAYS

(Signed) Jno. N. O'Hungr M.D.

Address St. Josephs Hosp

Date June 20 1907

Place of Burial .....

Date ..... 190.....

Undertaker Robert T. Turner

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C ..... 2044 .....

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 127 west Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodore Allison

{ Residence, if in Baltimore, Give Street and Number. } 127 W. Barre St

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Don't know 1
AGE	65 years, – months, – days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Eli Allison
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Jennie Schers
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Meyer Schwartz (Son in law

(Address) 623 N. Lombard St

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner.

Date June 23. 1907.

Place of Burial .....

Date ..... 190.....

Undertaker Max Levinson

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 12045

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Thompson.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: C
DATE OF BIRTH: 1	
AGE: 60 years, – months, – days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... 190....

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Nephritis &

.....(DURATION).....DAYS

Con'ributory (Primary.).....

.....(DURATION).....DAYS

(Signed).....M.D.

Address .....

Date .....190.....

Place of Burial .....

Date .....190 ....

Undertaker.....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 2046

CERTIFICATE OF DEATH.

9v

(Place of Death.) No. 1711 Carlyle place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Fuka

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: abt 3 7c years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Joseph Fuka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 23rd 1907

I HEREBY CERTIFY, That I attended deceased from June 21st 1907 to June 23rd 1907

that I last saw h[illegible] alive on June 23rd 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Croup

(DURATION) 2 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas. B. Leyton M.D.

Address 830 W Baltimore

Date June 23rd 1907

Place of Burial .....

Date ..... 190 ...

Undertaker Frank Cvach

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — Registered No. B C 2047

CERTIFICATE OF DEATH.

782

(Place of Death.) No. 2617 north Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Lee Ashley, Jr.

{Residence, if in Baltimore, Give Street and Number.} 2617 N. Charles Street —

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: W —

DATE OF BIRTH: February 1905

AGE: 2 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Balto —

FULL NAME OF FATHER: Edward Lee Ashley —

BIRTHPLACE OF FATHER (State or country): Md —

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Md —

OCCUPATION OF DECEASED: None —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W Lamed

(Address) 1327 Park Ave

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 22nd, 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to June 22 1907

that I last saw him alive on June 22 1907

and that death occurred, on the date stated above, at A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac dilatation, Syncope

(DURATION) few DAYS

Con'ributory (Primary.) Acute Endo — Carditis

(DURATION) 7 DAYS

(Signed) Charles W Lamed M.D.

Address 1327 Park Ave

Date June 22 1907

Place of Burial

Date 190

Undertaker H. W. Mears & Son

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C 2048

Registered No. B C 2048

10

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Fannie Burton

{ Residence, if in Baltimore, Give Street and Number. } 218 N. Liberty St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR F W

DATE OF BIRTH 1

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER unknow

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Seamstress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed June 23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from June 13 1907 to June 22 1907 that I last saw h.. ex alive on June 22 1907, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Contributory (Primary) Intestinal obstruction.

(DURATION) DAYS

(Signed) Victor F. Cullen M.D.

Address St Josephs Hospital

Date June 22 1907

Place of Burial Loudon Park

Date June 23rd 1907

Undertaker Holt Jenkins Hse Co

Address 308 & 310 Madison Cor Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 2049 Registered No. B C 2049

17r

CERTIFICATE OF DEATH.

(Place of Death.) No. Columbia ave r BOOR R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward Garnick

{ Residence, if in Baltimore, Give Street and Number. } 621. Wyeth St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct - 5 1894

AGE: 12 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Butte

FULL NAME OF FATHER: Edward Garnick

BIRTHPLACE OF FATHER (State or country): Baltimor Md

MAIDEN NAME OF MOTHER: Agnes J Horning

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: ~~Coal~~ Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sughrue

(Address) 621 Wyeth st

Filed June 23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

accidentally fell into hole over his depth while bathing in pond in brick yard near Boor RR r Columbia ave

Asphixiation (DURATION) DAYS

Contributory (Primary) drowning (DURATION) DAYS

(Signed) Frank Jones M.D.

Address Coroner Smd

Date June 22nd 1907

Place of Burial Bonnie Brae Cemetery

Date June 24 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20th C 2050 Registered No. B C 2050

67 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 South Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Aschelm

{Residence, if in Baltimore, Give Street and Number.} 1629 South Charles St Balto.

Duration of Residence in Baltimore. 26 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 15th 1858

AGE: 49 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Yewa. Germany

FULL NAME OF FATHER: J Aschelm

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian S. Kindle

(Address) 1629 S. Charles St.

Filed June 23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 21 1907 that I last saw h.. in alive on June 21 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Paralysis -

(DURATION) 4 DAYS

Contributory (Primary.) Paralysis -

(DURATION) DAYS

(Signed) C. A. Strauss M.D.

Address 1606 Linden Ave

Date June 22 07 1907

Place of Burial Mt. Olivet Cemetery

Date June 24th 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 2051 Registered No. B C 2051

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 W. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Carter

{Residence, if in Baltimore, Give Street and Number.} 311 W. Madison St.

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1849

AGE: 58 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Maher

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Maher.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Carter

(Address) 311 W. Madison St

Filed June 23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to June 21 1907

that I last saw her alive on June 21 1907

and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer, of uterus, Prostate

Gland Carcinoma

3 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Bates M.D.

Address 1711 Madison Ave

Date June 22 1907

Place of Burial Holy Cross

Date June 24 1907

Undertaker Wm H Gaudlitz

Address North Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2052

City of Baltimore, (No House of Good Shepherd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Biddle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 7 (Month) — 10 (Day) — 1854 (Year)

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: do not know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1232 William

Filed 6/23 1907

HARRY O. ANDREWS
REGISTRAR OF WILLS
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 22 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to June 22 1907

that I last saw her alive on June 22 1907,

and that death occurred, on the date stated above, at .....M.

The CAUSE OF DEATH was as follows:

Pulmonary Consumption

5 or 6 years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) C. F. Nicholson M. D.

1907 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: June 23 1907

UNDERTAKER: John J Fahey

ADDRESS: 1232 William

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2053 Registered No. B C 2053

151 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victor C. Graller

{Residence, if in Baltimore, Give Street and Number.} 17 N. Luzerne st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 20 1907

AGE — years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo R. Graller

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Martha C. Hazell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo R. Graller

(Address) 17 Luzerne st.

Filed 6/23 1907 HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUN 22 1907 190

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to June 22 1907 that I last saw him alive on June 22 1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth - at 6½ mos. gestation -

— (DURATION) 2 DAYS

Contributory (Primary.) Cyanosis -

— (DURATION) 2 DAYS

(Signed) John J. Young M.D.

Address 1425 Eutaw Place

Date JUN 23 1907 190

Place of Burial M. C. Cemetery

Date JUN 24 1907 190 7

Undertaker ALBERT E. FULLER

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

GK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B C 2054

CERTIFICATE OF DEATH.

(Place of Death.) No. 164 St Joseph St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johana Conrad

{Residence, if in Baltimore, Give Street and Number.} 164 St Joseph

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 22 1907

AGE: ... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Adam Conrad

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Fichtner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Conrad

(Address) 164 St. Joseph

Filed June 24 1907 [HENRY C. ANDREWS, PERMIT CLERK.]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 23 1907

that I last saw her alive on June 22 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Eclampsia (convulsions)

(DURATION) — DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Geo. H. Kelly M.D.

Address 1907 Gough St.

Date June 23 1907

Place of Burial Holy Cross

Date June 24 1907

Undertaker Robt J. Turnbull & Son

Address 1907 Gough

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 12055

City of Baltimore, (No. 1109 Gorsuch Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Egmont Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 — (Year)

AGE: 37 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Artist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas. Clayton

(Address) 1109 Gorsuch Ave.

Filed June 24 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to June 22 1907 that I last saw him alive on June 22 1907, and that death occurred, on the date stated above, at 5.55 P. M. The CAUSE OF DEATH was as follows:

Exhaustion due to Phthisis Pulmonalis

— (DURATION) — DAYS

Contributory — (DURATION) — DAYS

(Signed) R. P. Cannon M. D.

June 22 1907 (Address) 1701 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 24 1907

UNDERTAKER: Robt J Turner — ADDRESS: Mayland

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 2056 Registered No. B C 2056

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elsie Moir

{Residence, if in Baltimore, Give Street and Number.} Aged Women's Home

Duration of Residence in Baltimore. ? years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W H

DATE OF BIRTH — 1

AGE 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Aberdeen Scotland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. J. Jones Matron

(Address)

Filed 6/24 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to June 22 1907 that I last saw h[illegible] alive on June 20 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

1 yr (DURATION) DAYS

Con'tributory (Primary.) Asthenia

1 mo (DURATION) DAYS

(Signed) H Norwood M.D.

Address 1324 W Fayette St

Date June 22 1907

Place of Burial Mt Olivet Cem.

Date June 24th 1907

Undertaker Geo J Smith Co

Address 1100 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2057

City of Baltimore, (No. 92 S. Harlem a St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Edwards

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 28th 1842 (Month) (Day) (Year)

AGE: 67 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Jack Raven Balto Co. Md

FULL NAME OF FATHER: Gassaway H Battea

BIRTHPLACE OF FATHER (State or country): Patapsco Neck Md

MAIDEN NAME OF MOTHER: Mary Wyle

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A Galbreth

(Address) Cale Hill York Co Pa

Filed 6/24/07 190

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 22 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to June 22 1907

that I last saw her alive on June 22 1907,

and that death occurred, on the date stated above, at 2-30 P. M. The CAUSE OF DEATH was as follows:

Paralisis

(DURATION) 11 DAYS

Contributory Paralisis

(DURATION) 11 DAYS

(Signed) W. Coll. McCurdy M. D.

June 23 1907 (Address) W Saratoga St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New York city N.Y.

DATE OF BURIAL: June 25 1907

UNDERTAKER: Geo J Smith & Son

ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2058 Registered No. B C 2058

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 Ensor St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Flaherty

{ Residence, if in Baltimore, Give Street and Number. } 1034 Ensor St

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH ..... 1 .....

AGE 53 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Flaherty

(Address) 1034 Ensor St

Filed 6/24 190 7 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10½ a m. CAUSE OF DEATH (Secondary or Immediate)

Ulcer of Stomach

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Edgar Carleton M.D.

Address Cross Keys

Date June 22-07 190

Place of Burial Holy Cross ~~Bonnie Brae~~ Cem

Date June 25 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 2059 Registered No. B C 2059

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1368 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Erma May Curtis

{Residence, if in Baltimore, Give Street and Number.} 1368 N. Calhoun St.

Duration of Residence in Baltimore. 16 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: February 15 1906

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Curtis Jr

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Jennie Houston

BIRTHPLACE OF MOTHER (State or country): Balto County

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Curtis

(Address) 1368 N Calhoun

Filed 6/27 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to June 22 1907 that I last saw her alive on June 22 1907, and that death occurred, on the date stated above, at 12.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma with Constant Convulsions (DURATION) 6 DAYS

Contributory (Primary.) Cerebral Meningitis (DURATION) 6 DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date June 22 1907.

Place of Burial Mt Auburn Cemetery

Date June 24 1907

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. CULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2060

City of Baltimore, (No. 685 N. Bucknell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth A. Mason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): USA

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): USA

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): USA

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Mason

(Address) 1317 Woodbourne st

Filed 6/24 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Ad Coroner 190..., that I last saw h... alive on ..., 190..., and that death occurred, on the date stated above, at 11.20 P. M. The CAUSE OF DEATH was as follows:

Chronic Heart Disease
Last seen by Drs Corner & McCarthy — death was sudden — (DURATION) ... DAYS

Contributory ... (DURATION) ... DAYS

(Signed) J. D. Lightart Coroner M. D.

6.22 1907 (Address) 211 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Ost auburn cem | DATE OF BURIAL: June 24 1907

UNDERTAKER: Wm J. Johnson | ADDRESS: 611 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. B 62061

93 v

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emory Anderson

{Residence, if in Baltimore, Give Street and Number.} Centreville Maryland.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Col

DATE OF BIRTH Unknown 1

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Philip Anderson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary E Cook

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Green

(Address) 543 Lyford St Balto Md

Filed 6/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 23 1907

that I last saw him alive on June 23 1907

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Varicose Ulcer

(DURATION) 3 Mos DAYS

Contributory (Primary.) Heart Failure

& Exhaustion (DURATION) 2 DAYS

(Signed) W H Baker M.D.

Address Balto City Hospital

Date June 23 1907

Place of Burial Centreville Md

Date 6/24 1907

Undertaker Abel Hemsley

Address 1578 Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 2062 Registered No. B C 2062

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Md Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah F. Fahy

{Residence, if in Baltimore, Give Street and Number.} 817 W. Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 25 1865

AGE: 42 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Mengies

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Vos Kamm

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J Lutz

(Address) 817 W Mulberry St

Filed 6/27 1907 HARRY G. [illegible] Registrar PERMIT CLERK

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Shock, from burns of face head, chest & hands, from Gasoline Stove accident (DURATION) DAYS

Contributory (Primary.)

(DURATION) 9 hours

(Signed) J D Elliott Coroner M.D.

Address 211 W. Fayette

Date June 21 1907

Place of Burial Western Cem

Date June 24 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

Remove to 817 W Mulberry St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2063

City of Baltimore, (No German Aged Home 73 Baltimore & Hapson St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Schreiber (Henry Schreiber)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug (Month) 23 (Day) 1826 (Year)

AGE 80 years, 10 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Jersey City N. J.

FULL NAME OF FATHER Charles Schreiber

BIRTHPLACE OF FATHER (State or country) N J

MAIDEN NAME OF MOTHER Anna Crane

BIRTHPLACE OF MOTHER (State or country) N J

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) German Aged Home records

(Address) 73 Baltimore St

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 20th 1907 to June 22d 1907 that I last saw h[im] alive on June 22d 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

General Weakness — Weak heart

(DURATION) DAYS

Contributory Old age - extensive Arterio sclerosis (DURATION) DAYS

(Signed) L. E. Reinhard M. D.

June 23 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western | DATE OF BURIAL June 24 1907

UNDERTAKER Jos B Cook | ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 2084 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1747 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David E Elderkin

{Residence, if in Baltimore, Give Street and Number.} 1747 N. Carey st

Duration of Residence in Baltimore. 50. yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 12 1826

AGE 81 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) V.A.

FULL NAME OF FATHER David Conrad

BIRTHPLACE OF FATHER (State or country) V.A.

MAIDEN NAME OF MOTHER Sarah Ellis

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Elderkin

(Address) 431 Payson st

Filed 6/24 1907 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from June 13. 1907 to June 22 1907

that I last saw her alive on June 21 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Old Age; general breaking down of vital forces a.o.g. (DURATION) 3 DAYS

Contributory (Primary.) Collapse (DURATION) 1/2 DAY

(Signed) J. P. Nelson M.D.

Address 1735 Hollins st

Date June 23. 1907

Place of Burial Loudon Park.

Date June 24 1907

Undertaker Josiah Soper

Address 1600 W Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2065 Registered No. B C 2065

CERTIFICATE OF DEATH.

(Place of Death.) No. 2407 Barclay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred N. Neal

{Residence, if in Baltimore, Give Street and Number.} 2407 Barclay St

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 24th 1844

AGE: 63 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Thos Neal.

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Catharine Hannigan

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence A. Neal

(Address) 2407 Barclay St.

Filed 6/27/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8 1906 to June 23 1907

that I last saw him alive on June 23 1907,

and that death occurred, on the date stated above, at 1.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach.

(DURATION) DAYS

Con'tributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Geo F Young M.D.

Address 1795 York Ave

Date June 24 1907

Place of Burial Loving Green Md

Date June 25th 1907

Undertaker G.F. Walker

Address 723 W Lf. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2066 Registered No. B C 2066

CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 Druid Hill Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine McIntire

{Residence, if in Baltimore, Give Street and Number.} 1733 Druid Hill Ave

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH September 24 1832

AGE 74 years, 9 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Bannan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Brady

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ella McIntire

(Address) 1733 Druid Hill ave

Filed 6/24/07 190

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 23 1907 that I last saw her alive on June 23 1907, and that death occurred, on the date stated above, at 12 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

8 hrs. (DURATION)

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Chas H Burbut M.D.

Address 1100 W Laf. Ave

Date June 23 1907

Place of Burial Cathedral Cemetery

Date June 25-07 190

Undertaker Stewart Funeral Co.

Address 215 Park ave,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 2067 Registered No. B C 2067 194

CERTIFICATE OF DEATH.

(Place of Death.) No. Patuxent cragin Lancaster bet Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Karas

{ Residence, if in Baltimore, Give Street and Number. } 1715 Lancaster st

Duration of Residence in Baltimore. 24 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	black
DATE OF BIRTH	1
AGE	46 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Austria
FULL NAME OF FATHER	John Karas.
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Katie Karas.
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Karas.

(Address) 1716 Lancaster St

Filed 6/24 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 = 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James Sadler M.D.

Address 320 ½ Greene St

Date June 24" 190 7

Place of Burial St Stanislaus.

Date June 25" 190 7

Undertaker M. F. Padowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2068 Registered No. B 1667

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217. Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Michalsky

{ Residence, if in Baltimore, Give Street and Number. } 1217. Bayard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 5 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michal Michalsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Valeslinsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Michalsky

(Address) 1217 Bayard st

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to June 23 1907

that I last saw h alive on June 23 1907,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

White Climbing an awning
last in front of 1217 Bayard St
She fell to the ground Struck her
Stomach on curb, Shock to brain
Heart & death (DURATION) DAYS

Contributory (Primary.)

Sudden (DURATION) DAYS

(Signed) Thos Jones M.D.
Coroners

Address

Date June 23rd 1907

Place of Burial Hebrew Washington Blvd

Date June 24, 1907

Undertaker Mary Lennon

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 3 C 2069 Registered No. B C 2069

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Hd. General Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Sebastiani Vitelle

{Residence, if in Baltimore, Give Street and Number.} 502 Paridont st

Duration of Residence in Baltimore. Two years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Sebastiani

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hd. Gen. Hospital

(Address)

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Shock, fractured skull and other injuries,

about five hrs. (DURATION) DAYS

Con'ributory (Primary.) accidental

R.R. injuries (DURATION) DAYS

(Signed) Silas Baltimore M.D.

Address 700 Lap. av. Towson,

Date ....190....

Place of Burial Holy Rosary Cem.

Date June 25" 1907

Undertaker Kendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 2070 Registered No. B C 2070

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francesca Balta ~~Zanecca~~

{Residence, if in Baltimore, Give Street and Number.} Dallas, Texas

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher

(Address) 633 Bay St

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to June 23 1907

that I last saw h in alive on June 23 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Anemia

(DURATION) DAYS

Contributory (Primary.) Pulmonary

Oedema (DURATION) 1 DAYS

(Signed) Walter D. Fike M.D.

Address City Hospital

Date June 25 1907

Place of Burial 1st Evangelical Lem

Date June 24 1907

Undertaker H. Lauderdale

Address 710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VIX

Registered No. B 62071

CERTIFICATE OF DEATH.

(Place of Death.) No. s/s Casel Pier #9 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Woichich Novica

{ Residence, if in Baltimore, Give Street and Number. } three days Woichich Novica

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: white

DATE OF BIRTH: 10 Febr 1876

AGE: 31 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Rudine a/ Montenegro

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

Request received from the Undertaker Coroner

OCCUPATION OF DECEASED: Steerage Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co

(Address) 5. S. Bay St

Filed 6/27 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23rd of June 1907

I HEREBY CERTIFY, That I attended deceased from 23rd June 1907 to 23rd June 1907 that I last saw h im alive on 23rd June 1907, and that death occurred, on the date stated above, at 7.30 M.

12 M. CAUSE OF DEATH (Secondary or Immediate)

Sunstroke

about 1½ hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Frank Sedlmair M.D.

Address Bremerhaven (Germany)

Date 24th of June 1907

Place of Burial 1st Evangelical Cem

Date June 24th 1907

Undertaker H. Sander Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 (2072) C.2072 Registered No. B 134

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Minnie Roycroft

{ Residence, if in Baltimore, Give Street and Number. } 1208 Hull St— (1209)

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED N. occ.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Roycroft

(Address) 1811 E. Lombard St.

Filed 6/24 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 23 1907 that I last saw h[illegible] alive on June 23 1907 and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia (Puerperal)

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D. Shuri M.D.

Address City Hospital

Date June 26 1907

Place of Burial Mt. Carmel Cem.

Date June 26" 1907

Undertaker Wendell Lippel Bro.

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2073 Registered No. B C 2073

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot Fells st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John G Antonie

{ Residence, if in Baltimore, Give Street and Number. } 1805 Eastern ave

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wm Antonie

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Sign Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. J. Antonie

(Address) 1807 Eastern Ave

Filed 6/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... — ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Hanover St

Date June 27 1907

Place of Burial 1st German Cem

Date June 25th 1907

Undertaker Wm Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2074 Registered No. B ..... C 2074

CERTIFICATE OF DEATH.

(Place of Death.) No. 627 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Lindenberger

{ Residence, if in Baltimore, Give Street and Number. } 627 N. Montford Ave

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 6th 1833

AGE 74 years, — mon'ts, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Kolb.

(Address) 627 N. Montford Ave

Filed 6/27 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 28 1907 to June 22 1907

that I last saw h[illegible] alive on " " 1907

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver

about 8 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Collins M.D.

Address 1810 E. Baltimore St.,

Date June 24 1907

Place of Burial 1st United Evang Cemetery

Date June 25th 1907

Undertaker C. Miller

Address 2336 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward VIII. C 2075 Registered No. B C 2075

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles R. Summerville

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: Charles Summerville

BIRTHPLACE OF FATHER (State or country): Balt city

MAIDEN NAME OF MOTHER: Emely William

BIRTHPLACE OF MOTHER (State or country): Balt city

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 6/24 1907 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 22 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1904 to June 22. 1907 that I last saw him alive on June 22. 1907, and that death occurred, on the date stated above, at 9 o'cl. P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular peritonitis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis, (DURATION) unk DAYS

(Signed) M.D.

Address Bay View Asylum

Date June 22. 1907

Place of Burial Druid cemetery

Date June 24 1907

Undertaker John H Bowen & Son

Address 1222 Druid Park

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 2076 Registered No. B C 2076

CERTIFICATE OF DEATH.

(Place of Death.) No. 437 W Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Thomas

{Residence, if in Baltimore, Give Street and Number.} 437 W Biddle St

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Stephen Dufpans

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mary E. James

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Jones

(Address) 437 W Biddle

Filed 6/24/07 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to June 23 1907 that I last saw h[illegible] alive on June 22 1907 and that death occurred, on the date stated above, at 7-10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Rheumatism & acute Indigestion contributed,

(DURATION) 5 DAYS

Contributory (Primary.) Heart

(DURATION) 5 DAYS

(Signed) Dr Lyn Sennard M.D.

Address 1708 Eutaw St

Date June 24 1907

Place of Burial Mt Auburn Cem

Date June 27 1907

Undertaker Chas. Hensley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 2077 Registered No. B C 2077

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 E 21st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V. Naughton

{ Residence, if in Baltimore, Give Street and Number. } 507 E. 21st St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	1849
AGE	58 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Naughton

(Address) 507 E 21st St.

Filed 6/27/07 HARRY G. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 10 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) [illegible] M.D.

Address Coroner's Dept.

Date June 3 07 190

Place of Burial New Cathedral

Date June 25th 1907

Undertaker E. A. Kuehnfield Jr.

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2078

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 2078

Registered No. B .....

City of Baltimore, (No. 418, E 22 d St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Ann Cashmyer.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White.
DATE OF BIRTH	January (Month) 26 (Day) 1836. (Year)
AGE	71 years, 5 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed.
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Capt. Jas. Mullan.
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Susanna McGinnis.
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh Forsythe,

(Address) 424 E Northd.

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5, 1907 to June 22 1907.

that I last saw her alive on June 21, 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Uremic poisoning.

(DURATION) ..... DAYS

Contributory Old age.

(DURATION) ..... DAYS

(Signed) Hugh Forsythe M. D.

June 22, 1907 (Address) 424 E Northd.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount

DATE OF BURIAL June 25 1907

UNDERTAKER E. D. Whitfield

ADDRESS 2613 Greenmount Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C ~~2079~~ — Registered No. B C 2079

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CERTIFICATE OF DEATH.

(Place of Death.) No. 727 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Scliga

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Scalia Coroner M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 22 1907 190 .....

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

1.5.W

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 2080 — Registered No. B C 2080 56

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Walsh

{Residence, if in Baltimore, Give Street and Number.} Baltimore Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Barkender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/24 1907 HARRY C. AMBERGS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to June 20 1907

that I last saw him alive on June 20 1907

and that death occurred, on the date stated above, at 6 AM

M. CAUSE OF DEATH (Secondary or Immediate.)

Alcoholism

(DURATION) DAYS

Con'ributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Walter D Stone M.D.

Address City Hospital

Date June 22 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 22 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT, City of Baltimore.

C 2081

Ward 7

C 2081

Registered No. B 64.

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 N. Caro St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth F. Richman

{Residence, if in Baltimore, Give Street and Number.} 628 N. Caro St

Duration of Residence in Baltimore. 60 Yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	May 11th 1846
AGE	61 years, 1 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Gery
FULL NAME OF FATHER	Philip Bruns
BIRTHPLACE OF FATHER (State or country)	Gery
MAIDEN NAME OF MOTHER	Catherine Ettler
BIRTHPLACE OF MOTHER (State or country)	Gery
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Richman

(Address) 628 N Caro St

Filed 6/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to June 23 1907

that I last saw h-r alive on June 23 1907

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

6 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Hammond Lee M.D.

Address 835 Light St

Date June 24 1907

Place of Burial Western Cem

Date June 25th 1907

Undertaker B. Schlosman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2082

City of Baltimore, (No. 831 W. Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathan Solomon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 14 (Day) 1907 (Year)

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Sam. Solomon

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachael Snyder

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Solomon

(Address) 831 W Saratoga st.

Filed 6/24 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 22 1907

that I last saw h in alive on June 22 1907,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Injected Streptococcus I. saw at first on June 22. and patient was sloughing

(DURATION) ..... DAYS

Contributory Infection

From birth (DURATION) ..... DAYS

(Signed) John A Evans M. D.

June 24 1907 (Address) 101 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Rd Rose Dale	June 24, 1907
UNDERTAKER	ADDRESS
Mary Leirson	1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 — C 2083 — Registered No. B C 2083

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Amanda Carter

{Residence, if in Baltimore, Give Street and Number.} 72 E. Church

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1858

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Felix Epps

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Betsie Moody

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/27 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from 12-4 1902 to 6-23 1907

that I last saw h er alive on 6-23 1907

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Aortic endocarditis

Pulmonary Oedema

(DURATION) ... DAYS

Contributory (Primary Arteriosclerosis

(DURATION) ... DAYS

(Signed) R. R. Lewis M.D.

Address Bay View Hospital

Date June 23 1907

Place of Burial Mt. Auburn

Date June 24 1907

Undertaker Jno. T. Dowden

Address 142 W. Hill

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2084 Registered No. B C 2084

CERTIFICATE OF DEATH.

(Place of Death.) No. 1029 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget A Coffey

{Residence, if in Baltimore, Give Street and Number.} 1029 Valley St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 23 1863

AGE 43 years, 6 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Coffey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margrit King

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 1029 Valley St

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Brinton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 nd. 1907

I HEREBY CERTIFY, That I attended deceased from September 1907 to June 2nd 1907 that I last saw h— alive on June 2nd 1907 and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Intestine

(DURATION) 90 DAYS

Con'ributory (Primary.) Tuberculosis of Lungs

(DURATION) 1 year ~~Days~~

(Signed) Wilmer Brinton M.D.

Address S-W Cor Calvert + Preston

Date June 2 nd. 1907

Place of Burial Holy Cross Cem

Date June 5th 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2085

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2085

Registered No. B .....

City of Baltimore, (No 1004 N. Woodyear St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonora Campbell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: June (Month) 28 (Day) 1870 (Year)

AGE: 16 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard Campbell

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Elizabeth Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elizabeth Campbell

(Address) 1004 N. Woodyear

Filed 6/27 190 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to June 22 1907 that I last saw h.r alive on June 22 1907, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Nephritis & General Dropsy

(DURATION) 40 DAYS

Contributory Heart Failure & Exhaustion (DURATION) ..... DAYS

(Signed) C. P. Davis M. D.

June 22 1907 (Address) 923 N. Central Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Lebanon Cem. | DATE OF BURIAL: June 24 1907

UNDERTAKER: Sam'l H. Hartford | ADDRESS: 1011 N. Calhoun

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 2086 Registered No. B C 2086

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 929 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena Wilkinson

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 26th 1906

AGE: 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Orland Wilkinson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lena Hechter

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Orland Wilkinson

(Address) 929 Bolton St

Filed 6/27 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 23 1907

I HEREBY CERTIFY, That I attended deceased from 6.20 1907 to 6.23 1907 that I last saw h alive on 6.20 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocephalus - Lues Congenitly - Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gilchrist M.D.

Address 211 N. Laurens

Date Jun 23 1907

Place of Burial Baltimore Cemetery

Date June 24 1907

Undertaker Geo. Bunk

Address 574 N Bidd[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 2087

Ward ..... Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Md University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Ray

{ Residence, if in Baltimore, Give Street and Number. } 805 Peirce Alley

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: M — COLOR: C	DATE OF DEATH: June 28 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from as boarder, 190 to 190
AGE: 40 years, months, days	that I last saw h alive on 190,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	and that death occurred, on the date stated above, at
BIRTHPLACE (State or country): Richmond Va	M. CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER: —	Shock due compound fracture of left leg and laceration of left (DURATION) 24 DAYS
BIRTHPLACE OF FATHER (State or country): Richmond Va	Contributory (Primary.) (DURATION) DAYS
MAIDEN NAME OF MOTHER: —	(Signed) Patrick F Martin M.D.
BIRTHPLACE OF MOTHER (State or country): —	Address Coroner
OCCUPATION OF DECEASED: Labor	Date June 28 1907
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial Mt Auburn Cem
(Informant) Nathaniel Johnson	Date June 25 1907
(Address) 805 Peirce Alley	Undertaker Clarence C Wright
Filed June 28 1907 HARRY G. ANDREWS, PERMIT CLERK, Registrar	Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2088 ..... Registered No. B ..... C 2088

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Webster

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1850

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Lynchburg Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday,

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 6/24 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 28 1907 to June 23 1907

that I last saw h alive on June 23 1907

and that death occurred, on the date stated above, at 7.40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Laba Pneumonia &

Oedema of Lungs

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R R Kinnaman M.D.

Address Bay View Hospital

Date June 23 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date JUN 24 1907 1907

Undertaker William H Woodes

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2089 Registered No. B ..... C 2089

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Green

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 43 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamer Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to June 23 1907

that I last saw h.. alive on June 23 1907

and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paraplegia

Chronic diffuse Nephritis, Hypostatic Pneumonia (DURATION) 2 DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) ..... DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospl.

Date June 23 1907

Place of Burial JOHNS HOPKINS HOSPITAL JUN 24 1907

Date ..... 190 ....

Undertaker William H. Woodin

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B C 2030

CERTIFICATE OF DEATH.

(Place of Death.) No. 84 Joseph Harford St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Samuel Hauck

{Residence, if in Baltimore, Give Street and Number.} Gardenville Md

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH unknown 1878

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Adolph Hauck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Middleton

(Address) 21 N. Howard St

Filed June 25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

C.S.H.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wounds

..... (DURATION) ..... DAYS

Contributory (Primary) (Homicide a.p.f.)

..... (DURATION) ..... DAYS

(Signed) Geo. H. Carnes M.D.

Address Coroners Office

Date June 24-07 190

Place of Burial Loudon Park

Date June 25-th. 1907

Undertaker G.F. Walker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C 2091 Registered No. B C 2091

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Arthur Baker

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infnt. Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH May 22 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/25/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 23 1907

I HEREBY CERTIFY, That I attended deceased from Jun 10 1907 to Jun 22 1907

that I last saw h alive on Jun 22 1907,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus (DURATION) ..... DAYS

(Signed) J. K. B. Keegan M.D.

Address 1529 Park Ave

Date Jun 24 1907

Place of Burial New Cathedral

Date June 25 1907

Undertaker Martin Mahoney & Sons

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 2092 Registered No. B C 2092

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Dowdy

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylm

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH April 24th 1907

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 6/25/07 HARRY S. ANDRUS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 23 1907 that I last saw h.. alive on June 22 1907, and that death occurred, on the date stated above, at 10. a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J. Ross Logan M.D.

Address 1529 Park Ave

Date June 24 1907

Place of Burial New Cathedral

Date June 25th 1907

Undertaker Martin Fahey & Sons

Address 600 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 14 C 2093 Registered No. B C 2093 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Evans

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. St. Vincents Infant Asylum

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: June 5 1907

AGE: ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 6/25/07

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 22 1907 that I last saw h is alive on June 22 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) W. B. Seegar M.D.

Address 1529 Park Ave

Date June 24th 1907

Place of Burial New Cathedral

Date June 25th 1907

Undertaker Martin Feheny & Sons

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 2094 C 2094

Ward 14

Registered No. B ✓

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aileen Mary Burnett

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F	COLOR: Pr
DATE OF BIRTH: Jan 25th 1907	
AGE: ....years, 5 months, ...days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): City.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 23 1907 that I last saw h alive on June 22 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ....DAYS

Contributory (Primary.) Marasmus

11 (DURATION) ....DAYS

(Signed) J K B Segar M.D.

Address 1529 Park Ave

Date June 24 1907

Place of Burial New Cathedral

Date June 25th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave E.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 2095 — Registered No. B C 2095 15T

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~House~~ St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Jackson

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	May 20 1907
AGE	years, 1 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 22 1907 that I last saw h~~im~~ alive on June 22 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enterostenosis

(DURATION) ..... DAYS

Contributory (Primary.) Marasmus

(DURATION) ..... DAYS

(Signed) J. K. B. Keegan M.D.

Address 1529 Park Ave

Date June 24 1907

Place of Burial New Cathedral

Date June 26th 1907

Undertaker Martin Fahey Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...more.

Ward 1

C 2096 Registered No. B C 2096

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1326 Pennsylvania Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. A. Miller

{Residence, if in Baltimore, Give Street and Number.} 1326 Penna. Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 2 1861

AGE: 46 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Andrew J. Miller

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia A. Davis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Blizzard

(Address) 1119 Pa Ave

Filed 6/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 4th, 1905 to June 22nd, 1907.

that I last saw him alive on " " 1907.

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Exhaustion resulting from Mitral Insufficiency of several years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Eldridge C. Price M.D.

Address 1012 Madison Ave

Date June 24th, 1907.

Place of Burial London Park

Date June 25 1907

Undertaker C. H. Blizzard & Co

Address 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 2097

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2097

City of Baltimore, (No. 1746 E Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm E Granger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 24th (Day) 1863 (Year)

AGE: 43 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Granger

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Hopkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate L Granger

(Address) 1746 E Lombard St

Filed 6/25 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 24th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to June 24 1907

that I last saw him alive on June 23 1907,

and that death occurred, on the date stated above, at 5- A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about (DURATION) 150 DAYS

Contributory Acute Bronchitis (DURATION) 18 DAYS

(Signed) G H Everhart M. D.

1907 (Address) 1111 N Calvert St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 26 1907

UNDERTAKER: A F Phelbin — ADDRESS: 1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2098

City of Baltimore, (No. 602, Elm Ave St., 13 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Viola Schaffer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February (Month) 25 (Day) 1906 (Year)

AGE: 1 years, 4 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City.

FULL NAME OF FATHER: George L. Schaffer

BIRTHPLACE OF FATHER (State or country): Frederic Co., Md.

MAIDEN NAME OF MOTHER: Anna Newsboard

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of Infant Geo. L. Schaffer

(Address) 602 Elm Ave

Filed 6/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to only at 9:30 P.M.

that I last saw her alive on June 24 1907,

and that death occurred, on the date stated above, at 2:00 A.M. The CAUSE OF DEATH was as follows:

Convulsions at onset of Measles.

(DURATION) 8 hours

Contributory ———

(DURATION) DAYS

(Signed) C. A. Kelley M. D.

June 25 1907 (Address) 3849 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: June 25 1907

UNDERTAKER: Wm. E. Chenoweth & Son — ADDRESS: 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2099 Registered No. B C 2099

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1615 Frederick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Wilhelmina Velten

{ Residence, if in Baltimore, Give Street and Number. } 1615 Frederick ave

Duration of Residence in Baltimore. Life June

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 25 1859

AGE 48 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Lenz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Foltz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John H. Velten

(Address) 1615 Frederick ave

Filed 6/25/07 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~July~~ June 24 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Sudden

(DURATION) DAYS

Contributory (Primary.) Organic Heart Disease (DURATION) 30 yrs

(Signed) Chas Jones M.D.

Address Corner Md

Date June 24 1907

Place of Burial Western Cemetery

Date June 27 1907

Undertaker Geo Weber

Address 1153 W. Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2100 Registered No. B C 2100

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Matilda Fraey

{ Residence, if in Baltimore, Give Street and Number. } 1710 E. Monument St. City

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ~~Germany~~ N. Carolina

FULL NAME OF FATHER: ~~German~~

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F. Bright

(Address) 917 N. Fulton Ave.

Filed 6/25/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 24 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to June 24 1907

that I last saw h.. alive on June 24 1907,

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of uterus

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) E. H. Hutchins M.D.

Address Church Home & Infirmary

Date June 24 1907.

Place of Burial London Park Cem.

Date June 27 1907

Undertaker Wm J. Smith & Co

Address 1000 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 2101

C 2101

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Magdalena Becker

{Residence, if in Baltimore, Give Street and Number.} 230 E. Stricker St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1

AGE: 77 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House keeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. H. Hutchins M. D.

(Address) Church Home & Infirmary

Filed 6/25 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to June 23 1907

that I last saw h ~~er~~ alive on June 22 1907,

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gall stones & carcinoma of liver.

8 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hutchins M.D.

Address Church Home & Infirmary

Date June 23 1907

Place of Burial Druid Hill Park Cem.

Date June 26 th 1907

Undertaker Geo. J. Smith & Co.

Address 200 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 2102 Registered No. B C 2102

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Whitt

{ Residence, if in Baltimore, Give Street and Number. } 1016 Park Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH June 17 1907

AGE — years, — months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Aquilla White

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Lula White

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw him alive on June 21 1907, and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from base of cord.

(DURATION) — DAYS

Contributory (Primary.) Lues-Congenital Premature birth (DURATION) — DAYS

(Signed) J Whitridge Williams M.D.

Address Johns Hopkins Hospital

Date June 22 1907 190

Place of Burial JOHNS HOPKINS HOSPITAL JUN 2 1907 Commissioner of Health

Date 190

Undertaker

Address Health Department

FOR STATISTICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 ✓

CERTIFICATE OF DEATH.

C 2103

Registered No. B.....

City of Baltimore, (No. 1610, St. Joseph St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Mc. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: April (Month) 8 (Day) 1906 (Year)

AGE: 1 years, 2 months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Baby

BIRTHPLACE (State or country): Raleigh N. C.

FULL NAME OF FATHER: Samuel Johnson

BIRTHPLACE OF FATHER (State or country): Raleigh N. C.

MAIDEN NAME OF MOTHER: Lucy Hill

BIRTHPLACE OF MOTHER (State or country): Smithfield N. C.

OCCUPATION OF DECEASED: Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Johnson his + mark

(Address) 1610 St Joseph St

Filed 6/25 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to June 23 1907 that I last saw him alive on June 23 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Exhaustion & Meningitis & Pneumonia

sick 10 days before I was called (DURATION) 13 DAYS

Contributory (DURATION) DAYS

(Signed) R P Carman M. D.

Jan 23 1907 (Address) 1701 E Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: June 25 1907

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 2104

City of Baltimore, (No. 1144 N Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Wilkinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 29th 1828 (Month) (Day) Year)

AGE: 77 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Soloman Ross

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) George Wilkinson

(Address) 1144 Stricker St

Filed 6/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jun 20 1907 to Jun 23 1907

that I last saw h[illegible] alive on Jun 23 1907; 8:45 A. M. and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Sarcoma Stomach

(DURATION) 5 DAYS

Contributory Asthma

(DURATION) 1 DAYS

(Signed) J. H. Mettam M. D.

Jun 25 1907 (Address) 2201 Guilford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: June 26 1907

UNDERTAKER: W Fahey & Sons — ADDRESS: 606 Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th

C 2105

Registered No. B C 2105

CERTIFICATE OF DEATH.

(Place of Death.) No. 139 E Gittings St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Vincent Quinn

{ Residence, if in Baltimore, Give Street and Number. } 139 E Gittings St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 11 1907

AGE ..... years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Quinn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Cooney

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Parents

(Address) 139 E Gittings St

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1907

I HEREBY CERTIFY, That I attended deceased from 6/23 1907 to 6/24 1907 that I last saw h. living alive on 6/24 1907, and that death occurred, on the date stated above, at 5.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 12 hours DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) L J Dunlington M.D.

Address 1021 E Fort Ave

Date 6/24 1907

Place of Burial Holy Cross Gem.

Date June 25th. 1907

Undertaker Daniel and Morgan Co. Ltd.

Address 42 East West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 2106 Registered No. B C 2106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 Pressbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Mable Gross

{Residence, if in Baltimore, Give Street and Number.} 1726 Pressbury St

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1869

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Lonaconing Md

FULL NAME OF FATHER William Maher

BIRTHPLACE OF FATHER (State or country) Lonaconing Md

MAIDEN NAME OF MOTHER Helen Maher

BIRTHPLACE OF MOTHER (State or country) Lonaconing Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry P Gross

(Address) 1726 Pressbury St

Filed 6/25/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24, 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to June 24 1907

that I last saw h alive on " " 1907

and that death occurred, on the date stated above, at 8 a.m.

M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Cancer of Uterus and adjacent organs (DURATION) 2 yrs,

(Signed) E. Macnichols M.D.

Address 1655 Fulton ave.

Date 6/24 1907

Place of Burial Linden Park

Date June 26 1907

Undertaker Jno. M. Gaulthrop

Address Mutte & Lindenstras

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2107

City of Baltimore, (No. 2020, N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Pfenning

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 21 1856 (Month) (Day) Year)

AGE: 51 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jno A Schein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel A Pfenning

(Address) 2020 N Fulton Ave

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 24th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 9th 1907 to June 24 1907 that I last saw her alive on June 24 1907 and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis;
Dilated Heart,
Uremia (duration - 3½ days)
Total duration - about 1 to 1½ yrs. (DURATION) DAYS

Contributory Anemia (DURATION) DAYS

(Signed) J. Carroll Lockard M. D.

June 25 1907 (Address) 1621 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto. Cem

DATE OF BURIAL: June 27 1907

UNDERTAKER: W. J. Pickerson Sons ✓

ADDRESS: 425 N. Gay

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C 2108 Registered No. B C 2108

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joel E Cowell

{ Residence, if in Baltimore, Give Street and Number. } 810 N Calhoun St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Feby 2 1841
AGE	66 years, 3 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Joel Cowell
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Durall
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Cowell

(Address) 810 N Calhoun St

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 23 1907 that I last saw h alive on June 23 1907 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Smith M.D.

Address 1628 W Lexington

Date June 24 1907

Place of Burial Loudon Park

Date June 25 1907

Undertaker W. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2109 Registered No. B C 2109

CERTIFICATE OF DEATH. 125.

(Place of Death.) No. 1817 Bolton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Shannessy Cremen

{ Residence, if in Baltimore, Give Street and Number. } 1817 Bolton St

Duration of Residence in Baltimore. 62 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 12 1845

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James Shannessy

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Adele McEnery

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Wife & Mother

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E H Cremen

(Address) 1817 Bolton St.

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to June 25 1907 that I last saw her alive on June 24 1907 and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 10 DAYS

Con'tributory (Primary.) Chronic Interstitial

Nephritis (DURATION) 3 years DAYS

(Signed) A Unintelligible M.D.

Address Professional Bldg

Date June 25 1907

Place of Burial New Cathedral Cem

Date June 26th 1907

Undertaker Wm Jenkins & Son Co

Address 320 W Madison St Cor Arlington Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 2110 Registered No. B C 2110

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 Elbon Lane St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeannie Smith

{Residence, if in Baltimore, Give Street and Number.} 609 Elbon Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH August 25th 1882

AGE 24 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Columbus Thomas

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Virginia Clash

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaiah Smith

(Address) 551 Elbon Lane

Filed 6/25/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to June 24 1907

that I last saw h[illegible] alive on June 23 1907

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate.) Intercranial

Hemorrhage Coma

(DURATION) 12 DAYS

Contributory (Primary.) Abscess

(DURATION) 12 DAYS

(Signed) C. F. Foster M.D.

Address 1145 S. Bond

Date June 24 1907

Place of Burial Mount Auburn

Date June 26th 1907

Undertaker D. F. Brane & Son

Address 108 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 C 2111 Registered No. B C 2111 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 1603 S. Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine E. Scheer

{Residence, if in Baltimore, Give Street and Number.} 1603 S. Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 23 1907

AGE 35 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Jacob Krause

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary M. Belchner

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Scheer

(Address) 1603 S. Charles St.

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1907

I HEREBY CERTIFY, That I attended deceased from January 4 1907 to June 23 1907 that I last saw her alive on June 23 1907 and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Interstitial Nephritis

(DURATION) 18 Months DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Braechlein M.D.

Address 1422 Hanover St

Date June 24 1907

Place of Burial Western Cemetery

Date June 26 1907

Undertaker Edw. J. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, BALTIMORE, MD.

Ward ..... C 2112 Registered No. B ..... C 2112

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 S Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonzo Meads

{ Residence, if in Baltimore, Give Street and Number. } 802 S Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 18th 1859

AGE 48 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Robert B. Meads

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary E. Kirby

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L. Thomas.

(Address) 802 S. Rose St.

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to June 22 1907 that I last saw him alive on June 22 1907, and that death occurred, on the date stated above, at 10:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Frait Ave

Date June 23 1907

Place of Burial Mt. Carmel Cemetery

Date June 25 1907

Undertaker H. Sander & Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 2113 — Registered No. B C 2113

164 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Treasy Karas

{ Residence, if in Baltimore, Give Street and Number. } 1715 Lancaster St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Karas.

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Jozefa Kiper.

BIRTHPLACE OF MOTHER (State or country) Austria.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jozefa. Karas.

(Address) 1715 Lancaster St

Died 6/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 = 1907

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull accidental fall

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 E Greene St

Date June 25" 1907

Place of Burial Mt Olivet

Date June 25" 1907

Undertaker M. F. Sudlow & Co

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

C 2114

Ward 1

Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2013 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Raymond

{ Residence, if in Baltimore, Give Street and Number. } 2013 E Eager St

Duration of Residence in Baltimore. 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Seed

(Address) 2013 E Eager St

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/24/1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to June 23 1907

that I last saw her alive on 1907;

and that death occurred, on the date stated above, at 5 30 M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) DAYS

Contributory (Primary) Cardiac Exhaustion (DURATION) DAYS

(Signed) William F Kyoaut M.D.

Address 2227 Oakland Ave

Date 6/24/07. 1907

Place of Burial Bohemian National

Date June 26 1907

Undertaker Wm Burk

Address 5026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 2115

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2115

Registered No. B .....

City of Baltimore, (No. Fannie Johnson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME 910 Harmony Lane

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Johnson

(Address) 910 Harmony Lane Balto.

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to June 24 1907.

that I last saw her alive on June 24 1907,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 3 DAYS

Contributory Acute Gastritis

(DURATION) 4 DAYS

(Signed) A. T. Vonderhulz, M. D. M. D.

June 25 1907 (Address) A. T. Vonderhulz M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: June 26 1907

UNDERTAKER: H. L. Frye | ADDRESS: 102 E Hamburg

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 2116 Registered No. B C 2116

CERTIFICATE OF DEATH.

(Place of Death.) No. 263 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Levy

{ Residence, if in Baltimore, Give Street and Number. } 263 N. Exeter

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Hayman Levy

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Grenstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Beckie Levy

(Address) 267 N Exeter

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to June 25 1907

that I last saw h... alive on June 25 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 7 DAYS

(Signed) Chas. Bagley, Jr. M.D.

Address Hebrew Hospital

Date June 25th 1907

Place of Burial Pikesville Road Rosedale

Date June 25 1907

Undertaker Max Levinson

Address 1620 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 2117 — Registered No. B C 2117 — 125

CERTIFICATE OF DEATH.

(Place of Death.) No. 751 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis J Quinn

{ Residence, if in Baltimore, Give Street and Number. } ~~2 Years~~ 751 N. Franklin

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb — 1825

AGE 82 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Hotel Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mallelieu

(Address) 751 N. Fayette St

Filed 6/25 1907 HENRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1907

I HEREBY CERTIFY, That I attended deceased from June 18th 1907 to June 24th 1907 that I last saw h in alive on June 24th 1907, and that death occurred, on the date stated above, at 9 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) ..... DAYS

Contributory (Primary.) Chronic Cystitis

18 mos. or more (DURATION) ~~..... DAYS~~

(Signed) W. F. Lockwood M.D.

Address 8 E. Eager St

Date June 25th 1907

Place of Burial New Cathedral

Date June 27 1907

Undertaker Chas E Francis

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2118

Registered No. B .....

City of Baltimore, (No. Laura 2708 Parkwood are St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura D. Garrett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Stultz

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: L Harriet Heindel

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilmer Garrett

(Address) 2708 W Parkwood ave

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 23 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to June 23 1907

that I last saw her alive on June 22 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

one year (DURATION) ..... DAYS

Contributory Cardiac Syncope

(DURATION) 2 DAYS

(Signed) Henry Chandlee M. D.

June 24 1907 (Address) 742 N. Mathews

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: June 26 1907

UNDERTAKER: John S Hough Co — ADDRESS: 1432 Pennsa

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 2119 — Registered No. B C 2119

271

CERTIFICATE OF DEATH.

(Place of Death.) No. 645 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James W Watts

{Residence, if in Baltimore, Give Street and Number.} 645 W Lexington

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1835

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Printer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Vaughn

(Address) 645 W Lexington

Filed 6/25 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1907

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to June 24 1907 that I last saw him alive on June 24 1907 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Twenty years (DURATION) X DAYS

Con'tributory (Primary.) X

(DURATION) X DAYS

(Signed) V Van Williams M.D.

Address 701 W Fayette

Date June 24th 1907

Place of Burial Baltimore Cem.

Date June 27 1907

Undertaker John E Haugh Co

Address 1122 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 2120 — Registered No. B C 2120

CERTIFICATE OF DEATH.

(Place of Death.) No 1400 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriett Horner

{Residence, if in Baltimore, Give Street and Number.} Aged Women Home

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W H

DATE OF BIRTH Unknown 1

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J Jones

(Address) Station

Filed 6/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 25 1907

that I last saw h[illegible] alive on June 24 1907,

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

6 mos (DURATION) DAYS

Con'tributory (Primary.) Cachexia

1 mo (DURATION) DAYS

(Signed) H L Norwood M.D.

Address 739 or Fayette St

Date June 25 1907

Place of Burial London Park Cem

Date June 26th 1907

Undertaker Geo J. Smith & Co

Address 1000 N. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward B. C 2121 Registered No. B C 2121

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl Hospital Linden r Madison – St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Ragina a. McCormick

{Residence, if in Baltimore, Give Street and Number.} #919 Madison ave.

Duration of Residence in Baltimore. 65 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White
DATE OF BIRTH	— 1
AGE	65 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Don't Know
OCCUPATION OF DECEASED	Hous wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estelle Conway

(Address) 919 Madison Ave.

Filed 6/26 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

G. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 25 1907 that I last saw h[illegible] alive on June 25 1907 and that death occurred, on the date stated above, at 8 — P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

— (DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Herbert C Blake, M.D.

Address Md. Genl Hospital

Date June 25 — 1907

Place of Burial Cathedral

Date June 28 1907

Undertaker Wm Cook

Address 1502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Gessner

{Residence, if in Baltimore, Give Street and Number.} 2037 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed April 1907

HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to June 25 1907

that I last saw h in alive on June 25 1907

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phantasm

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) D R Vonnett M.D.

Address Bay View Hospl.

Date 190

Place of Burial Holy Redeemer St Alphonsus

Date June 28/07 190

Undertaker Lou Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 2123 Registered No. B

CERTIFICATE OF DEATH. C 2123

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Maria Blackburn

{Residence, if in Baltimore, Give Street and Number.} 13 W. Williamson

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR Colored

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Mollyday,

(Address) BAY VIEW ASYLUM.

Filed 6/26 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

7 x 9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to June 24 1907

that I last saw h-- alive on June 24 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs

Mitral regurgitation

Chronic Diffused Nephritis (DURATION) DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) R R Vosburgh M.D.

Address Bay View Hospital

Date June 24 1907

Place of Burial Mt. Auburn

Date June 26 1907

Undertaker John H. Jordan

Address 1426 Wrkill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2124

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. C 2124

Registered No. B.....

City of Baltimore, (No. 1001 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Roulla Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 20 (Day) 1906 (Year)

AGE: ..... years, 7 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James L. Wilson

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Maggie V. Abbott

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah M. Abbott

(Address) 1001 Hollins St.

Filed 6/26 190 7

BARRY O. KELLY PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to June 25 1907 that I last saw her alive on June 25 1907, and that death occurred, on the date stated above, at 3-05 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 6 DAYS

Contributory Convulsions

(DURATION) 1 DAYS

(Signed) H W Webner M. D.

June 25 1907 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: June 26 1907

UNDERTAKER: Jos B Cook — ADDRESS: 1008 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2125 Registered No. B C 2125 11 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence E. Sherman / Charles B. Sherman Parents

{Residence, if in Baltimore, Give Street and Number.} 724 W. Baltimore St.

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH June 23d 1907	
AGE ..... years, ... months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Baltimore City	
FULL NAME OF FATHER Charles B Sherman	
BIRTHPLACE OF FATHER (State or country) Cambridge - Md.	
MAIDEN NAME OF MOTHER Florence E. Spears	
BIRTHPLACE OF MOTHER (State or country) Delaware	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles B Sherman

(Address) 724 W. Baltimore St.

Filed 6/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1907

I HEREBY CERTIFY, That I attended deceased from June 23d 1907 to June 26th 1907 that I last saw her alive on June 26 1907, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions Infantile

(DURATION) 3 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. Murray, M.D. M.D.

Address 518 N. Fremont Ave.

Date June 26th 1907

Place of Burial Baltimore Cemetery.

Date June 26 1907 190

Undertaker Geo. W. Little.

Address 552 N-Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the duty of the Physician who attended during his or her last sickness, or the Coroner, notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C 2126 Registered No. B C 2126

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 N. Patterson Pk. Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret J. Gerhold

{Residence, if in Baltimore, Give Street and Number.} 1419 N. Patterson Pk Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 12th 1880

AGE 26 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Wm Snyder

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Frances Davidson

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) George A. Gerhold

(Address) 1419 N. Patterson Pk Ave

Filed 6/26 1907 HARRY C. ANDERS. PERMIT CLERK. Registrar

3 x 2

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23d 1907

I HEREBY CERTIFY, That I attended deceased from June 20th 1907 to June 23d 1907

that I last saw h— alive on June 23d 1907, 12 M.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions, Coma

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 3 DAYS

(Signed) Chas B [illegible] M.D.

Address 830 N Broadway

Date June 23d 1907

Place of Burial Greenmount Cem

Date 6/26/07 1907

Undertaker J. Herring & Son

Address 200 S Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2127 Registered No. B C 2127

1091

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Bitkus

{Residence, if in Baltimore, Give Street and Number.} 324 W. Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 23" 1907

AGE: ....years, ...months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Louis Zilkus

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Malinoski

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of Father

(Address) 324 W. Pratt St

Filed 6/26 1907

HARRY S. [illegible] PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to June 25 1907 that I last saw her alive on June 24 1907, and that death occurred, on the date stated above, at 7:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Roth M.D.

Address 2017 Eastern ave

Date June 25" 1907

Place of Burial St Alphonsus

Date June 26" 1907

Undertaker M. S. Finch

Address 2113 E. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25

Registered No. B C 2128

C 2128

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred A. Kramer

{Residence, if in Baltimore, Give Street and Number.} 2111 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 6 1906

AGE 1 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William E. Kramer

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Margaret Sachs.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Kramer (Father)

(Address) 2111 Hanover St.

Filed 6/26 1907

HARRY C. INLOES PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to June 25 1907 that I last saw h er alive on June 25 1907, and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia —

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 5 DAYS

(Signed) Ellen M. Reinhardt M.D.

Address 1017 So Charles St

Date June 26 1907

Place of Burial Cedar Hill Cem.

Date June 27th 1907

Undertaker E. Schlosman & Son

Address 109 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st C 2129 Registered No. B C 2129

CERTIFICATE OF DEATH.

108 ✓

(Place of Death.) No. 2322 Essex St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emma E. Griffin

{ Residence, if in Baltimore, Give Street and Number. } 2322 Essex St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 6 1907

AGE ..... years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frank Griffin

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Louisa Ebers

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Frank Griffin

(Address) 2322 Essex St

Filed 6/26 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to June 25 1907 that I last saw h er alive on June 24 1907, and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

~~Followed~~ Operation

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave.

Date June 25 1907

Place of Burial Mount Carmel

Date June 26 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2130

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2130

Registered No. B .....

City of Baltimore, (No. 1119 S Carrey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Freundel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 2 Dec. (Month) 7th (Day) 1842 (Year)

AGE: 64 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Freundel

(Address) 1119 S Carrey st

Filed 6/26 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6 (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to June 24 1907 that I last saw h-- alive on June 24 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Erysipelas Disease (DURATION) 6 M DAYS

Contributory Marasmus (DURATION) 4 DAYS

(Signed) Harry Boyd M. D.

June 25 1907 (Address) 60 Columbus

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: June 27 1907

UNDERTAKER: Ph. J. Dill & Son ADDRESS: 746 Columbus Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. B C 2131

CERTIFICATE OF DEATH.

C 2131 ✓

(Place of Death.) No. 917 Ryan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Smith

{Residence, if in Baltimore, Give Street and Number.} 917 Ryan St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W Lib
DATE OF BIRTH	Dec. 1845
AGE	62 years, ... months ... days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Howard Co Md
FULL NAME OF FATHER	John Smith
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Smith

(Address) 917 Ryan St

Filed 6/26 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from April 24 1907 to June 25 1907 that I last saw h- alive on June 24 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) 120 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Lumpkin M.D.

Address 633 Columbia Ave

Date June 26, 07. 1907

Place of Burial Mt Olivet Balto Co

Date June 27 1907

Undertaker John Bowman

Address 101 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, sex, **age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2132

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2132

Registered No. B

City of Baltimore, (No. 2311 Hunters Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roy Wesley Wilmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ——— (Month) 1 (Day) (Year)

AGE: 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Wilmore

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mary Wilmore

(Address) 2311 Hunters alley

Filed 6/26 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 (Month) | 25 (Day) | 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 6/24 1907 to 6/25 1907 that I last saw him alive on 6/24 1907 and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Spinal Tuberculosis

Life (DURATION) DAYS

Contributory Convulsions (DURATION) DAYS

(Signed) H. S. Grouch M. D.

6/26 1907 (Address) 501-E-22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: June 26 1907

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2133

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2133

City of Baltimore, (No. 114 Callender St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Earnest Klein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. (Month) 5 (Day) 1907 (Year)

AGE: ..... years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: August Klein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Olga Tromp

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Klein

(Address) 114 Calendar St.

Filed 6/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 23d 1907 to June 26th 1907

that I last saw him alive on June 26th 1907,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Choleoa Infantum

(DURATION) 6 DAYS

Contributory Convulsions

(DURATION) 2 hours DAYS

(Signed) H W Webner M. D.

June 26 1907 (Address) 723 W Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Paul's Luth. Cem.	June 27 1907
UNDERTAKER	ADDRESS
Wm Andrew Robertson	730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2134

City of Baltimore, (No. 39 Stafford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy Eliz. Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White.
DATE OF BIRTH	Aug. 20th 1907 (Month) (Day) (Year)
AGE	5 years, 10 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Prince George County
FULL NAME OF FATHER	Charles. L. Bell.
BIRTHPLACE OF FATHER (State or country)	Prince George County
MAIDEN NAME OF MOTHER	Annie Cooksey
BIRTHPLACE OF MOTHER (State or country)	Charles County
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bell

(Address) 39 Stafford St.

Filed 6/27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 29 1907 to June 25 1907 that I last saw her alive on " 24 1907, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 25 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Gustav Bell M. D.

June 26 1907 (Address) Lombard & Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Mem'l	June 27 1907
UNDERTAKER	ADDRESS
C. W. Dill.	810 Preble Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C 2135 Registered No. B C 2135 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 China St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel Johnson

{Residence, if in Baltimore, Give Street and Number.} 1124 China St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH September 25 1906

AGE ... years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Louis Johnson

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Edna Smith

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Martin (Grandmother)

(Address) 1124 China St

Filed 6/27 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) H. McEintardt M.D.

Address Coroner

Date June 26 1907

Place of Burial Mt Auburn

Date June 27 1907

Undertaker Jno H. Toadvine

Address 1142 Westfield St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2136

HEALTH DEPARTMENT, City of Baltimore.

C 2136

Ward 7

Registered No. B 37

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hattie Johnson

{Residence, if in Baltimore, Give Street and Number.} 816 Jay St Sparrows Pt Md

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: April 16 1883

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): D.C.

FULL NAME OF FATHER: Wm Holland

BIRTHPLACE OF FATHER (State or country): D.C.

MAIDEN NAME OF MOTHER: Mary E. Taylor

BIRTHPLACE OF MOTHER (State or country): D.C.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Wm Johnson

(Address) 816 Jay St Sparrows Pt Md

Filed 6/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 - 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to June 26 1907

that I last saw her alive on June 26 1907

and that death occurred, on the date stated above, at 4.15 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute operative shock

(For Contributory Primary see back of this)

(DURATION) 1 DAYS

Con'tributory (Primary.) Peritonitis.

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date June 26 - 1907

Place of Burial Sparrows Pt Md

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

Armstrong Denny Co. 715 Light Street

Note Saltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2137

Registered No. B .....

City of Baltimore, (No. 1935, W. Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George G. Bischoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July (Month) 11 (Day) 1886 (Year)

AGE: 20 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: George Bischoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hannah M. Grandwahl

BIRTHPLACE OF MOTHER (State or country): Switzerland

OCCUPATION OF DECEASED: fancy glass worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 1204 W Baltimore St

Filed 6/27 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to June 25 1907

that I last saw h... alive on June 25 1907,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 1 year (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) H. E. Knight M. D.

Jun 26 1907 (Address) 1002 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: London Park Cem | DATE OF BURIAL: 6-27 1907

UNDERTAKER: Robt. Brookes & Son | ADDRESS: 178 Calhoun St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

C 2138

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

169

CERTIFICATE OF DEATH.

Registered No. B C 2138

City of Baltimore, (No. 15 N Bruce St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hiram M. Boston

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colord
DATE OF BIRTH	Jan 19 (Month) (Day) 1903 (Year)
AGE	4 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltic
FULL NAME OF FATHER	Dodge Boston
BIRTHPLACE OF FATHER (State or country)	Howard Co Md
MAIDEN NAME OF MOTHER	Dela Thomas
BIRTHPLACE OF MOTHER (State or country)	Annerundle Co Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Barroke

(Address) 1204 N Baltimore City Central

Filed 6/27 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 6. 24 1907 to 6. 25 1907 that I last saw h alive on 6. 25 1907, and that death occurred, on the date stated above, at 1055 P. M. The CAUSE OF DEATH was as follows:

Heart Stroke.

Convulsions

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Joseph W Hart M. D.

6. 26 1907 (Address) 1901 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
~~Loch Raven~~ Cem	6-27 1907
UNDERTAKER	ADDRESS
Robt. Brookes Son	175 Calhoun st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 2139 — Registered No. B C 2139

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 442 Wallbert Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Peacock

{ Residence, if in Baltimore, Give Street and Number. } 442 Wallbert Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Puerto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Davis

(Address) 1305 N Fremont

Filed 6/27/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw him alive on ... 190...,

and that death occurred, on the date stated above, at 8½

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred R Carrollton M.D.

Address Emmas Mark

Date June 26/07 190...

Place of Burial Balto Cem

Date June 28/07 190...

Undertaker Wm Cook

Address 502 E Northav

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2140 Registered No. B C 2140

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt. & Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victor R. Harper

{ Residence, if in Baltimore, Give Street and Number. } 107 N. Stricker St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas B Hooper

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Laura V. Arnold

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Elevator Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas B Hooper

(Address) 107 N. Stricker

Filed 6/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to June 26 1907

that I last saw him alive on June 26 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Crushed body

Shock

(DURATION) DAYS

Contributory (Primary.) Elevator accident

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 916 N. Caroline St

Date June 26 1907

Place of Burial Loudon Park

Date June 27 1907

Undertaker Lowe Cook

Address 502 E Hoffman Ave

WM. J. C. DULANY CO., BALTIMORE.

1662

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

C 2141 Registered No. B C 2141

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name John O Washington

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Gardener Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lamar Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed

..... 190 .....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 190 7

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 25 1907 that I last saw h[illegible] alive on June 25 1907 and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate.)

Senility, Chronic diffused Encephalitis

Contributory (Primary) Enterisclerosis (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) R R Vonnis M.D.

Address Bay View Hospl.

Date June 25 1907

Place of Burial Mt Carmel

Date June 27th 1907

Undertaker H. Sander & Sons

Address 1710 Caulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 2142

Ward 1st

C 2142

Registered No. B

19

CERTIFICATE OF DEATH.

(Place of Death.) No. E 2324 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mattausch

{ Residence, if in Baltimore, Give Street and Number. } 2324 Canton Ave

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 26" 1836

AGE 70 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Keber

(Address) 2324 Canton Ave

Filed 6/27/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 26 1907

that I last saw her alive on June 24 1907,

and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Hypertrophy &
Faulty compensation

about 2 yrs (DURATION) DAYS

Contributory (Primary.)

Cardiac exhaustion (DURATION) DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date June 26 1907

Place of Burial Mt. Carmel

Date June 28 1907

Undertaker HENRY SANDER & SONS,
S. E. Cor. Broadway & Baltimore Sts.

Address ~~2703-2710 Canton Avenue~~

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B C 2143

C 2143

CERTIFICATE OF DEATH.

105 ✓

(Place of Death.) No. 509 S. Chapel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Housman

{Residence, if in Baltimore, Give Street and Number.} 509 S. Chapel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 1st 1906

AGE 1 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David Housman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Julia Alvaton

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Housman

(Address) 509 S. Chapel St.

Filed 6/27/07

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25, 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to June 25 1907

that I last saw h— alive on " 24, 1907, 8:30

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero Colitis

(DURATION) 7 DAYS

Contributory (Primary.)

" " (DURATION) 7 DAYS

(Signed) H. L. Ruskard M.D.

Address 910 S. Canton Ave

Date June 25 1907

Place of Burial Mt Carmel Cemetery

Date June 28 " 1907

Undertaker H. SANDER & SONS, 1708-1710 Canton Avenue,

Address S. E. Cor. Broadway & Baltimore St.

BARRY C. ANDREWS
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 2144 Registered No. B C 2144

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. 713 N. Collington Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Teresa Harlik

{Residence, if in Baltimore, Give Street and Number.} 713 N. Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Harlik

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Antonie Beyer

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Herold

(Address) 847 N Golington Ave

Filed 6/27 1907 HENRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to June 26 1907

that I last saw h er alive on June 26 1907

and that death occurred, on the date stated above, at 11.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 5 DAYS

Con'ributory (Primary.) Valvular disease of Heart (Mitral Lobe) (DURATION) 6 yrs.

and Pelvic abscess

(Signed) Jno. C. Ricker M.D.

Address 312 Ashland Ave

Date June 26 1907

Place of Burial Holy Redeemer

Date June 28 1907

Undertaker Frank Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C 2145

Ward V

C 2145 Registered No. B 164 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Julian Wysocki ~~Julius Wysocki~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Hopkins Hospital

{Residence, if in Baltimore, Give Street and Number.} 712 S Regester

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Wysocki.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dora Ratka.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wysocki.

(Address) 712 S. Regester St.

Filed 6/27 1907 HARRY C. ANDREWS, PERRY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~e~~ alive on ~~1907~~,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (Accd)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred H Carruthers M.D.

Address Coroners Office

Date June 27 1907

Place of Burial St Stanislaus

Date June 28 " 1907

Undertaker M J Sadowski.

Address 703 S. Conn St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

DR. T. CARUTHERS,
2229 E. BALTIMORE ST.

C

I. GENERAL DIS

(A.) Epidemic d

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / { Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseas

(B.) Other genera

20. Septicemia
21. Glanders and farcy
22. Malignant pustule an
23. Rabies
24. Actinomycosis, trichi
25. Pellagra
27. Tuberculosis of lungs
26. Tuberculosis of larynx
28. Tuberculous meningit
29. Abdominal tuberculo
30. Pott's disease
31. Tuberculous abscess
32. White swelling
33. Tuberculosis of other
34. General tuberculosis
35. Scrofula
36. Syphilis
37. Gonorrhea of the adu
38. Gonorrheal infections
39. Cancer of mouth
40. Cancer of stomach an
41. Cancer of intestines a
42. Cancer of genital org
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or uns
46. Tumor (noncancerous
47. Acute articular rheum
48. Chronic rheumatism a
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professioual in
59. Other chronic poison
55. Other general disease

II. DISEASES OF TI
SYSTE

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of spin
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of i
68. Other forms of menta
69. Epilepsy
70. Convulsions (nonpne
71. Convulsions of child
72. Tetanus
73. Chorea

Baltimore, July 30/07

Dr James Barley

Dear Sir

after investigating I find that certificate of death of Jacob Wozick who died June 26-07- showed he Jacob Wysocki.

I beg to remain

Very Respt

Yours Truly

Chas Caruthers

(cancer excepted) | Uuknown

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 2146 Registered No. B C 2146

1-

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank J. Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 942 Aisquith St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md City

FULL NAME OF FATHER Aloysius Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eva Parr

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Kemp

(Address) 526 Lucy St.

Filed 6/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 26 1907 that I last saw h... alive on June 26 1907 and that death occurred, on the date stated above, at 8:45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Jennings M.D.

Address St. Joseph's Hospital

Date June 26 1907

Place of Burial Hebrew Redemption Cemetery

Date June 28 1907

Undertaker Howe Hooke & Sons

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 2147 Registered No. B C 2147

CERTIFICATE OF DEATH.

(Place of Death.) No. 437 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Gormley

{Residence, if in Baltimore, Give Street and Number.} 437 E Madison

Duration of Residence in Baltimore. About 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH .....1.....

AGE 33 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos. Connor

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Houswife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 437 E. Madison St

Filed 6/27/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1907

I HEREBY CERTIFY, That I attended deceased from June 21st 1907 to June 25th 1907 that I last saw h[illegible] alive on June 24th 1907, and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Gastro Intestinal Cat

..... (DURATION) 7 DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date June 27th 1907

Place of Burial Baltimore

Date June 27 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 2148 Registered No. B C 2148

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~John~~ Patrick Coffey

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1840

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Coffey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Margaretha Kring

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Wolfe sts

Filed 6/27/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[er] alive on June 23 1907

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 8 DAYS

Con[tri]butory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date June 26 1907

Place of Burial Holy Cross

Date June 28 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 2149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

931

CERTIFICATE OF DEATH.

Registered No. B C 2149

City of Baltimore, (No. 1711 Lancaster St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME John Hartman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Nicholas Hartman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Hartman

(Address) 1217 Lancaster st

Filed 6/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24th 1907 to June 26th 1907

that I last saw him alive on June 26th 1907,

and that death occurred, on the date stated above, at ——

.....M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3 DAYS

Contributory Grip

(DURATION) ..... DAYS

(Signed) Strasburger M. D.

6-27 1907 (Address) 25 W. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 27 1907

UNDERTAKER: Kindell & Sipes — ADDRESS: Nos. 330 & 332 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2150 *Registered No. B* C 2150

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C Roberts

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1907

AGE: 57 *years*, ... *months*, ... *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Mathias Roberts

BIRTHPLACE OF FATHER (State or country): Somerset Co. Md.

MAIDEN NAME OF MOTHER: Cornelia Frye

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Governess

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Omar Holliday

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 6/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to June 26 1907

that I last saw h er alive on June 26 1907

and that death occurred, on the date stated above, at 9.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

..... (DURATION) ..... DAYS

Con'ributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R. A. Young M.D.

Address Bay View Hospl.

Date June 26 1907

Place of Burial Green Mount.

Date June 27 1907

Undertaker E. W. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 2151

City of Baltimore, (No. 66 S. Carrollton Av, St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James J. Morrisoe,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White,

DATE OF BIRTH: Nov. (Month) 14 (Day) 1865 (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Richmond.

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) ...

Filed 6/27/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) – 25 (Day) – 1907 (Year).

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to June 25 1907, that I last saw him alive on June 25 1907, and that death occurred, on the date stated above, at 1240 p. m. The CAUSE OF DEATH was as follows:

Tuberculosis.

... (DURATION) ... DAYS

Contributory ...

... (DURATION) ... DAYS

(Signed) A O'Driscoll M. D.

June 25 1907. (Address) 261 Poppleton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: June 28 1907

UNDERTAKER: John J. Fields | ADDRESS: 1210 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 2152 Registered No. B C 2152

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 E. Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Michelson

{Residence, if in Baltimore, Give Street and Number.} 909. E. Fayette St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Moses Michelson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lena Susman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Michelson

(Address) 906 Fayette st

Filed 6/27 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to June 27 1907 that I last saw him alive on June 27 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) one DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Fluvide M.D.

Address 1119. E. Balto. St

Date June 27 1907

Place of Burial Adelman Philip Rd Ben Rim

Date June 27 1907

Undertaker Max Levinson

Address 621 Inc Eldeny St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C 2153 C 2153

Ward 4 Registered No. B 151 ✓

CERTIFICATE OF DEATH.

Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Green

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Blk
DATE OF BIRTH: April 22 1907	
AGE: ..... years, 2 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGuinness

(Address) 2005 Madison Ave.

Filed 6/27/1907 HARRY C. ANDERSON PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 23 1907 to June 27 1907 that I last saw h ex alive on June 26 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGuinness M.D.

Address 2005 Madison Ave.

Date June 27 1907

Place of Burial Cathedral Cemetery

Date June 27 / PM 1907

Undertaker Ralph B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2154

City Hospital

City of Baltimore, (No. 2228 N. Calvert St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine A. Keller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 17 1854 (Month) (Day) (Year)

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margt Fuhrmann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Keller

(Address) 2228 N. Calvert St.

Filed 6/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6 (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to June 24 1907 that I last saw her alive on June 24 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Apoplexia

(DURATION) 3 DAYS

Contributory Shock

(DURATION) ..... DAYS

(Signed) H. S. Gorsuch M. D.

6/24/ 1907 (Address) 501 E. 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2228 N. Calvert St. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: June 27 1907

UNDERTAKER: E. P. Weidefeld — ADDRESS: 2113 Guilford Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2155

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2155

City of Baltimore, (No. 1408, Jefferson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Not given (Month) (Day) 1 (Year)
AGE	57 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Not given
BIRTHPLACE OF FATHER (State or country)	Not given
MAIDEN NAME OF MOTHER	Not given
BIRTHPLACE OF MOTHER (State or country)	Not given
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Williams wife

(Address) 306 Forest st

Filed 6/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 8th 1907 to June 26th 1907 that I last saw him alive on June 25th 1907, and that death occurred, on the date stated above, at 3.30 a.m. The CAUSE OF DEATH was as follows:

Gastritis

(DURATION) 19 DAYS

Contributory Asthenia

(DURATION) 13 DAYS

(Signed) Jas J Beck M. D.

June 27th 1907 (Address) 1516 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Lyon Cemetery	June 28 1907
UNDERTAKER	ADDRESS
Chas G Bailey	1709 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2156

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 ✓

CERTIFICATE OF DEATH.

C 2156

Registered No. B .....

City of Baltimore, (No. 1619 St Joseph St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Dennis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1864 (Year)

AGE: 43 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H. Dennis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Furnace

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Thomas

(Address) 230 S. Bethel St

Filed 6/27/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 25 — 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 24— 1907 to June 25— 1907 that I last saw him alive on " " 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Heart disease, aortic insufficiency

Probably 6 mos. (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Edwin B. Fenby, M. D.

June 26 1907 (Address) 1219 N. Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: June 27 190

UNDERTAKER: Chas L Bailey

ADDRESS: 1427 Jefferson st ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of ...

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 2157 Registered No. B C 2157 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 W. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha E. Martin

{Residence, if in Baltimore, Give Street and Number.} 1604 W. Lafayette ave

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 30 1839

AGE 67 years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Ellen Elizabeth Delahay
(Informant)

(Address) 1604 W. Lafayette ave.

Filed 6/27 1907 C. V. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24" 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to June 1907 that I last saw her alive on June 21 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or immediate)

Asthenia superinduced by age and paralysis

(DURATION) 90 DAYS

Contributory (Primary.) Paralysis

Several months (DURATION) DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbia ave

Date June 24 1907

Place of Burial Cathedral Cemetery

Date June 28 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 2158 Registered No. B C 2158 27L

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John R. Palmer

{Residence, if in Baltimore, Give Street and Number.} ~~1407~~ 1407 Parish alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 32 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Palmer

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Priscilla Callahan

BIRTHPLACE OF MOTHER (State or country): Frederick md

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo W Lee

(Address) 1407 Parish Al.

Filed 6/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 26" 1907

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to June 26 1907 that I last saw him alive on June 26 1907 and that death occurred, on the date stated above, at 6 40 a m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S S Krouse M.D.

Address Johns Hopkins Hospital

Date June 27" 1907

Place of Burial Laurel

Date June 27 1907

Undertaker Felix B Rye

Address 1826 Hillsdale st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 2159 *Registered No. B* C 2159

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 10 East Mt Vernon Place *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A. VonLingen

{ *Residence, if in Baltimore, Give Street and Number.* } above

Duration of Residence in Baltimore. 46 ?

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 4th 1838
AGE	68 years, 11 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Bremen Germany
FULL NAME OF FATHER	albert Von Lingen
BIRTHPLACE OF FATHER (State or country)	Bremen Germany
MAIDEN NAME OF MOTHER	Schumacher
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Von Lingen

(Address) #10 E Mt Vernon Place

Filed June 27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Jun 26 1907

that I last saw h im alive on Jun 26 1907

and that death occurred, on the date stated above, at 9.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of lungs

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Lohbeck M.D.

Address 211 W. Lanvale St.

Date June 26th 1907

Place of Burial Greenmount Cem

Date June 29th 1907

Undertaker Hollerkins Lyon Co

Address 300 W Madison Cor Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 2160 Registered No. B C 2160

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital (N. Greene St.) (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Carroll L. McCrea

{Residence, if in Baltimore, Give Street and Number.} 1116 W. Mulberry St

Duration of Residence in Baltimore. Always.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Eugene R. McCrea

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Cecilia A. Schaupeck

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecilia M. McCrea

(Address) 1116 W. Mulberry

Filed 6/27 1907 HARRY C. ANDREAE, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from 6/26 1907 to 6/26 1907

that I last saw h-- alive on 6/26 1907,

and that death occurred, on the date stated above, at 9 1/2 A. M., CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever.

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date 6/27 1907

Place of Burial London Park

Date June 30 1907

Undertaker J. B. Cook

Address 1003 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2161

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2161

City of Baltimore, (No. 2808, ##0 Valley St.; Wards Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Kate H and Harry N Swank

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 6 (Month) 26 (Day) 1907 (Year)

AGE: ..... years, ... months, 6 hours. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Harry N. Swank

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Miss Kate H. Rider

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry N Swank

(Address) 2808 Valley st.

Filed 6/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6 (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 6-26-07 1907 to 6-27-07 1907 that I last saw h im alive on 6-27-07 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Premature birth 6 months.

6 hours old. (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) D. W. Cadden M. D.

6-27-07 1907 (Address) 1631 Mt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holly Grove — DATE OF BURIAL: June 27 1907

UNDERTAKER: E. A Friedfeld Jr — ADDRESS: 115 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 Old

Registered No. B 2162

CERTIFICATE OF DEATH.

(Place of Death.) No. 2207 Essex St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Att

{Residence, if in Baltimore, Give Street and Number.} 2207 Essex st

Duration of Residence in Baltimore 52 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 78 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Att

(Address) 2207 Essex st.

Filed June 28 1907

HARRY O. ANDREWS, PERMIT CLERK.

L. of H. C. R. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1907

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to June 25 1907 that I last saw h— alive on June 25 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangrene

12 wks (DURATION) DAYS

Contributory (Primary.) Septic - Ulcer

9 wks (DURATION) DAYS

(Signed) Dr R A Barnes M.D.

Address 1713 Bank st

Date June 27 1907

Place of Burial Holy Redeemer

Date June 28 1907

Undertaker Wendell Diepel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 108 Hereford Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John James Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH May (Month) 31 (Day) 1906 (Year)

AGE 1 years, months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City Md.

FULL NAME OF FATHER John Joseph Bauer

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Kate Kromer

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Bauer

(Address) 108 Hereford Road

Filed 6/28 1907

HARRY O. ANDREWS PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 25th 1907 to June 26th 1907

that I last saw him alive on June 26th 1907,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Accidental Scald from Hot Milk

(DURATION) 29 Hours DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) William F. Faucett M. D.

6/27 1907 (Address) 1407 N. Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore cemetery DATE OF BURIAL June 28 1907

UNDERTAKER J. C. Schuh & Son ADDRESS 1738 Aliceanna

G. K.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward D C 2161 Registered No. B C 2164

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 Lloyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Bloom

{Residence, if in Baltimore, Give Street and Number.} 26 Lloyd St

Duration of Residence in Baltimore. 8 yrs

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH 1

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Mendle Zibb

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ester Malkinson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Bloom

(Address) 26 Lloyd st

Filed 6/28 1907

MARY U. ANDREWS PERMIT CLERK.

Registrar G. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1907

I HEREBY CERTIFY, That I attended deceased from May — 1907 to June 27 1907 that I last saw h[illegible] alive on June 27 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) 4 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 6M DAYS

(Signed) Geo F Bloom M.D.

Address 1523 E Baltimore

Date June 27 1907

Place of Burial Philip Rd Roos Dale Md

Date June 28, 1907

Undertaker Mart Levinson

Address 1020 ma Eldery st

WM. J. C. DULANY CO., BALTIMORE.

C2165

is

missing

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C 2166 Registered No. B

CERTIFICATE OF DEA

(Place of Death.) No. 1737 Orleans

Full Name Bessie Harr

{ Residence, if in Baltimore, Give Street and Number. } 1737 Orleans stre

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 25 — — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER David Harris

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia Amos

(Address) 1737 Orleans st

Filed 6/28 190 7

HARRY D. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF D

DATE OF DEATH June 2

I HEREBY CERTIFY, That I attended dece

Mar 26 1906 to June 26 190

that I last saw h alive on June 25 190

and that death occurred, on the date stated above, at

1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) 18

Contributory (Primary.) Tu

(D

(Signed) D Grant

Address 3 St

Date

Place of B

Date

Undertaker

Address

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2167

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2167

City of Baltimore, (No. 796, Waesche St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME Instead of street and number.]

FULL NAME Florence Sommerville

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wash. D.C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Sommerville

(Address) 796 Waesche St

Filed 6/28/07

HARRY C. ARDREY, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Acute Indigestion

24 hr (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Patrick J Marlow M. D.

190.. (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: June 29 1907

UNDERTAKER: R A Gilliatt

ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2168 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Davis

{Residence, if in Baltimore, Give Street and Number.} 538 Dolphin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: Dec 31 1906

AGE: ..... years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John T. Davis

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Florence Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Davis

(Address) 538 Dolphin St.

Filed 6/28 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to June 27 1907

that I last saw him alive on June 27 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Con'tributory (Primary.) Cy. H. Fenn

(DURATION) 3 DAYS

(Signed) C. H. Fenn M.D.

Address 1128 Ranford

Date June 28th 1907

Place of Burial Mt. Auburn Cem.

Date June 28 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2169

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2169

Registered No. B .....

City of Baltimore, (No. 1813, Mosher St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: M.

DATE OF BIRTH: Dec (Month) 23 (Day) 1867 (Year)

AGE: 39 years, 6 months, 2 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm S. Evans

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah A. ~~Gorby~~ ~~Florence Evans~~

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Smith

(Address) 1813 Mosher St

Filed 6/28 1907

HARRY O. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to June 25 1907

that I last saw her alive on June 24 1907,

and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH was as follows:

Sarcoma beginning in thigh and right axilla.

(DURATION) 8 M. DAYS

Contributory General Prostration

(DURATION) (?) DAYS

(Signed) J. Wesley Cole, M. D.

June 27 1907 (Address) 7357 N. Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 29 1907

UNDERTAKER: L. E. Evans & Son — ADDRESS: 1428 S. Charles St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 2170 Registered No. B C 2170

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 Beals Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Purnell

{ Residence, if in Baltimore, Give Street and Number. } 421 Beals Ct.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE X years, 5 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Ella Brown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Purnell

(Address) 421 Beals Court

Filed 6/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190 6/2

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. Caulk M.D.

Address Coroners Office

Date June 26 - 07 1907

Place of Burial Asbury Cemetary

Date June 28 1907

Undertaker John H Henderson

Address 31 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2171 Registered No. B C 2171

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CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} "

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: White
DATE OF BIRTH: Unknown 1	
AGE: about four days — ....years, ...months, ...days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Unknown	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. W. Police Station

(Address)

Filed 6/28 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion —

(Prematurity Dr. Kerr)

(DURATION) ....DAYS

Con'tributory (Primary.) Acute congestion of Lungs (DURATION) ....DAYS

(Signed) Silas Bontecou M.D.

Address 710 Lafayette Ave. (Corner)

Date June 24th 1907

Place of Burial COLLEGE OF P. & S.

Date JUN 27 1907 190....

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 2172 Registered No. B C 2172

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt. Royal Station B. & O. R. R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Lazzina

{ Residence, if in Baltimore, Give Street and Number. } 900 Hanover St.

Duration of Residence in Baltimore. 15 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Unknown

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Elkin

(Address) 900 Hanover St

Filed 6/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Shock from R. R. injuries, on head of B & O. R. R.

Was instantly (DURATION) ..... DAYS

Con'ributory (Primary.) accidentally fell from (upon) Car (DURATION) ..... DAYS

(Signed) Silas Backman M.D.

Address 700 Lafayette ave. (Corner)

Date June 27th 1907

Place of Burial Loudon Park

Date June 29 1907

Undertaker Wm Lickingstaus

Address Camden Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 2173 Registered No. B C 2173

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lavinia Butler

{Residence, if in Baltimore, Give Street and Number.} 1313 N. Carey St.

Duration of Residence in Baltimore. ten years

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR ed.
DATE OF BIRTH	1873
AGE 34 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	West Va.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	West Va.
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Butler

(Address) 1313 N. Carey St

Filed 6/28/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to June 26 1907

that I last saw her alive on June 26 1907

and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis - Duration 30 days

Con'tributory, (Primary.) asphyxia (DURATION) 1 DAY

(Signed) T. E. Dougherty M.D.

Address 2506 Pennsylvania Ave

Date Balto June 27 1907

Place of Burial Mt Auburn

Date June 28th 07 1907

Undertaker Lehmann & Wright

Address 1364 W. Lafayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 2174 Registered No. B C 2174

CERTIFICATE OF DEATH.

(Place of Death.) No. 1928 E. Biddle St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Thos. H. Personette

{ Residence, if in Baltimore, Give Street and Number. } 1928 E Biddle St.

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	69 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Loveland Personette
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Personette

(Address) 2010 E Hoffman St

Filed 6/28 1907 Registrar HARRY O. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1907

I HEREBY CERTIFY, That I attended deceased from June 14th 1907 to June 27th 1907

that I last saw him alive on June 26th 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

(DURATION) 2 DAYS

Con'ributory (Primary.) Pericarditis

Chronic (DURATION) X DAYS

(Signed) John H. Dolan M.D.

Address 1120 N. Gay St

Date Jan 27th 1907

Place of Burial National Cem

Date June 29 1907

Undertaker William Cook

Address 1506 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 2175 Registered No. B C 2175

104 C

CERTIFICATE OF DEATH.

(Place of Death.) No. 3119 Odonnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James R. Compton

{Residence, if in Baltimore, Give Street and Number.} 3119 Odonnell Ave

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1

AGE: 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: James B Compton

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary A Thomas

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A Compton

(Address) 3119 Odonnell St

Filed 6/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

J. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1907

I HEREBY CERTIFY, That I attended deceased from 1903 1907 to June 25 1907

that I last saw him alive on June 25 1907,

and that death occurred, on the date stated above, at 1145 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis

(DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date June 27 1907

Place of Burial Baltimore Cem

Date June 29 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VIII

Registered No. B C 2176

C 2176

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John B. Fillen

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant

(Address BAY VIEW ASYLUM

Filed 6/28 1907

HARRY OT ANDREWS, Registrar
PERMIT CLERK.
E. K.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1906 to June 26, 1907 that I last saw him alive on June 26, 1907, and that death occurred, on the date stated above, at 10 o'c A. M. CAUSE OF DEATH (Secondary or Immediate.)

For Examination

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) M M Quinsberg M.D.

Address Bay View Asylum

Date June 26. 1907.

Place of Burial Baltimore Cem

Date June 28 1907

Undertaker Lowe Cost & Hasthaw

Address 502 E Hasthaw

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2177

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2177

City of Baltimore, (No. 830 Mc Allen St.; 10th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Madelaine Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE One years, one months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Walter Brown

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Viola Fountain

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 830 Mc Allen St.

Filed 6/28 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 6/25 1907 to 6/28 1907

that I last saw her alive on 6/25 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia (DURATION) 10 DAYS

Contributory asthenia (DURATION) DAYS

(Signed) R. A. Urquhart M. D.

1907 (Address) J. H. Wilkinson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel | DATE OF BURIAL June 29 1907

UNDERTAKER R A Elliott | ADDRESS R A Elliott

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — C 2178 — Registered No. B C 2178

CERTIFICATE OF DEATH.

169V

(Place of Death.) No. 17 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Gertrude West

{Residence, if in Baltimore, Give Street and Number.} 17 N. Dallas St

Duration of Residence in Baltimore. 3 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry West

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hettie Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mary E Burkette

(Address) Salisbury Md

Filed 6/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 27 June 1907

I HEREBY CERTIFY, That I attended deceased from 23-6-1907 to 27-6-1907

that I last saw h alive on 25-7-1906, about

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heat Prostration

Cardiac Asthenia

(DURATION) Several DAYS

Contributory (Primary.) Heat Prostration (DURATION) about 2 DAYS

(Signed) E. A. Byrd M.D.

Address 1418 Jefferson St

Date 27 June 1907.

Place of Burial Salisbury Md

Date June 28th 1907

Undertaker R J Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — Registered No. B C 2179

C 2179
CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 Hanbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Frederick Peters

{Residence, if in Baltimore, Give Street and Number.} 1100 Hanbert St

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH December 29 1906

AGE — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Henry Peters

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Henrietta Harms

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Peters

(Address) 1100 Hanbert St

Filed 6/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to June 28 1907 that I last saw him alive on June 28 1907 at 11 — and that death occurred, on the date stated above, at 11 —

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus (DURATION) 180 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) A. Jahn M.D.

Address 1510 E. Fayette

Date June 28 1907

Place of Burial Mount Carmel

Date June 29th 1907

Undertaker Jas. Armbruster

Address 1318 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 2180 Registered No. B C 2180

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 Camden Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Filippo Biesie

{Residence, if in Baltimore, Give Street and Number.} 212 Camden Lane

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1867

AGE: 40 years, 6 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Mariano Biesie

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Fruit Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Peco

Filed 6/28 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-28-1907

I HEREBY CERTIFY, That I attended deceased from 6-16-1907 to 6-28 1907 that I last saw him alive on 6-27 1907, and that death occurred, on the date stated above, at 7.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ? DAYS

(Signed) S. Dumarco M.D.

Address 1604 Linden Ave

Date 6-28-07

Place of Burial Ver. Cathedral Cem.

Date June 30 1907

Undertaker Jos. Joerdens, Son

Address 217 S. Peco

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C 2181 Registered No. B C 2181

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 Low St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Tortheyes

{Residence, if in Baltimore, Give Street and Number.} 1011 Low St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 4th 1906

AGE: ..... years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Joseph Tortheyes

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Pistoria

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Tortheyes

(Address) 1011 Low St.

Filed 6/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from Jun 27 1907 to Jun 28 1907

that I last saw h— alive on Jun 28 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. J. Venturi M.D.

Address 164 Bradley

Date June 28 1907

Place of Burial St Vincents Cemetery

Date June 24th 1907

Undertaker Germanus Tranco

Address Bank & Wolfe sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2182

City of Baltimore, (No. 13 Stone Hill St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Dean

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 30 1843 (Month) (Day) (Year)

AGE: 63 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Green

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss J. Dean

(Address) 13 Stone Hill

Filed 6/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1904 to June 26 1907 that I last saw her alive on June 26 1907, and that death occurred, on the date stated above, at 2.40 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis
(Non-Exudative)

About 4 yrs (DURATION) ~~DAYS~~

Contributory Uraemia

(DURATION) 4 DAYS

(Signed) Harrison F. Cooper M. D.

190 (Address) 2425 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: June 29 07

UNDERTAKER: Wm E. Chenoweth & Son — ADDRESS: 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 2183 — Registered No. B C 2183

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna. M. Humphreys

{Residence, if in Baltimore, Give Street and Number.} 511 N. Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH September 10 1906

AGE — years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Harry. E. Humphreys

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Eug. Malefsky

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Humphreys

(Address) 511 N. Collington Ave

Filed 6/28/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to June 28 1907 that I last saw her alive on June 28 1907 and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas and Pneumonia

(DURATION) 9 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenlang M.D.

Address 2213 Orleans St

Date June 28. 1907

Place of Burial St Alphonsus Cemetary

Date JUN 30 1907 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B C 2184

C 2184

CERTIFICATE OF DEATH.

6/V

(Place of Death.) No. 224 S. Durham St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Parley

{ Residence, if in Baltimore, Give Street and Number. } 224 S. Durham St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Aug 3rd 1901

AGE: 5 years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bucks. Maryland.

FULL NAME OF FATHER: George Pasley

BIRTHPLACE OF FATHER (State or country): West India

MAIDEN NAME OF MOTHER: Ella Boston

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Boston Pasley

(Address) 224 S. Durham St.

Filed 6/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to June 26 1907 that I last saw h im alive on June 26 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Explanation

(DURATION) DAYS

Contributory (Primary) Meningitis

(DURATION) DAYS

(Signed) W. E. Laroque M.D.

Address 2040 E Pratt St

Date June 26th 1907

Place of Burial Rock Creek annarundle co

Date June 29th 1907

Undertaker Wm J G Jackson

Address 1429 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25

Registered No. B C 2185

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Briscoe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Edward Brashears

{Residence, if in Baltimore, Give Street and Number.} 1105 Briscoe Street

Duration of Residence in Battimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Brashears

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Grace Parker

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Brown

(Address) 1105 Briscoe St.

Filed 6/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1907

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to June 27 1907

that I last saw h— alive on June 27 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate) acute Gastritis

(DURATION) 8 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 8 DAYS

(Signed) C. H. Spence M.D.

Address 712 S. Bond

Date June 28th. 1907

Place of Burial Laurel Cem

Date June 30 1907

Undertaker John H. Woodrow

Address 1426 W. Pitt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 2186 Registered No. B C 2186

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 Clinia St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Mingo Camphor

{Residence, if in Baltimore, Give Street and Number.} 613 Clinia Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Dec 25 1837

AGE: 69 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Camphor

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Ship Caulker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Camphor

(Address) 228 W. Henrietta St.

Filed 6/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 28 1907 that I last saw h[illegible] alive on June 27 1907 and that death occurred, on the date stated above, at 3:05 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 27 DAYS

Con'ributory (Primary.) Shock

(DURATION) 27 DAYS

(Signed) C. W. Fontaine M.D.

Address 712 S. Stark St

Date June 28th 1907

Place of Burial Mt Auburn

Date June 30, 1907

Undertaker John H. Foadick

Address 1412 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C 2187 — Registered No. B C 2187

134

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lizzie Jenkins.

{Residence, if in Baltimore, Give Street and Number.} 1710 Etting St.

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Jas Jenkins

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Alice Reed

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Evans

(Address) 711 S. Stricker St

Filed 6/29 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to June 26 1907 that I last saw her alive on June 26 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Septic peritonitis.

about Six hours (DURATION) ..... DAYS

Con'ributory (Primary.) Salpingitis

(DURATION) 10 DAYS

(Signed) Wm E. Mowery M.D

Address Md. General Hospital

Date June 28 1907

Place of Burial Chestertown Kent Co. Md

Date June 29 1907

Undertaker Jno A. Toudeman

Address 142 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C 2188 — Registered No. B C 2188

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances DE Bourse

{Residence, if in Baltimore, Give Street and Number.} 1111 Druid Hill ave

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 5 1862

AGE: 45 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co Md.

FULL NAME OF FATHER: Louis Holland

BIRTHPLACE OF FATHER (State or country): Howard Co Md.

MAIDEN NAME OF MOTHER: Charlotte Clark

BIRTHPLACE OF MOTHER (State or country): Howard Co Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas F DeBourse

(Address) 1111 Druid Hill ave

Filed 6/29 1907

HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1907

I HEREBY CERTIFY, That I attended deceased from May 24th 1907 to June 27th 1907 that I last saw her alive on June 27 1907, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) 34 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F C Smith M.D.

Address 1313 N. Broadway

Date June 27th 1907

Place of Burial Mt Hope

Date June 30 1907

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

City Hospital

Registered No. B C 2189

City of Baltimore, (No. 517, Hargrove alley, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. F. Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 517 Hargrove alley

Filed 6/29 1907

HARRY S. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 26 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h— alive on — 190 —,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Appendicitis

..... (DURATION) — DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Benj. C. Hamlin M. D.

June 27, 1907 (Address) 1216 N. Carlton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: June 29 1907

UNDERTAKER: R. A. Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B C 2190

C 2190

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna S. Meyer

{Residence, if in Baltimore, Give Street and Number.} 810 Covington St.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: December 18 1842

AGE: 65 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Snyder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Maggie Baker

(Address) 810 Covington St.

Filed 6/29 1907

HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1907

I HEREBY CERTIFY, That I attended deceased from June 20th 1907 to June 28th 1907

that I last saw her alive on June 27th 1907

and that death occurred, on the date stated above, at 12

m. CAUSE OF DEATH (Secondary or Immediate.)

Arteriosclerosis Fin Emy

(DURATION) DAYS

Contributory (Primary.)

Tuberculosis (DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1390 St Charles St

Date June 28th 07 1907

Place of Burial Baltimore Cemetery

Date July 1st 1907

Undertaker Edw. I Fanning

Address 1760 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 2191 Registered No. B C 2191

CERTIFICATE OF DEATH.

(Place of Death.) No. 2220 Brunt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Holland

{ Residence, if in Baltimore, Give Street and Number. } 2220 Brunt St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 19 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: James Holland	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: — — —	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Home Work	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Holland

(Address) 2220 Brunt St.

Filed 6/29 1907 HARRY S. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to June 27 1907 that I last saw h[er] alive on June 27 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Explanation:

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 90 DAYS

(Signed) Jno F Hoskins M.D.

Address 852 W. North ave.

Date June 27 1907

Place of Burial Mt Pleasant

Date June 29 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C 2192 Registered No. B C 2192

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 W. Barre St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Catherine Buckley

{ Residence, if in Baltimore, Give Street and Number. } 131 W. Barre St

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: ——— Sullivan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Hennessy (daughter)

(Address) 131 W. Barre St.

Filed 6/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27. 1907

I HEREBY CERTIFY, That I attended deceased from May 1906 to June 27 1907

that I last saw her alive on June 27 1907,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Constriction

(DURATION) DAYS

Contributory (Primary) Cancer of the Stomach (DURATION) 1 yr DAYS

(Signed) Otto Reinhardt M.D.

Address 1017 E. Charles St

Date June 27 1907

Place of Burial New Cathedral

Date July - 1st 1907

Undertaker Wm. M. Gaulbert

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2193

City of Baltimore, (No. 4, N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Shray (Shray)

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Sept 11th 1874 (Month) (Day) (Year)
AGE	32 years, 9 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John F. Shray
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Leah Paul
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lola Shray

(Address) 4 N. Carey st.

Filed 6/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 7th 1906 to June 27th 1907 that I last saw h im alive on June 27th 1907, and that death occurred, on the date stated above, at 10-5 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 17 mos. ~~DAYS~~

Contributory —

(DURATION) — DAYS

(Signed) Eugene Douglass M. D.

June 28 1907 (Address) 820 W. North ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	June 30 1907
UNDERTAKER	ADDRESS
Jos B. Cook	1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 2194 Registered No. B C 2194

CERTIFICATE OF DEATH.

(Place of Death.) No. The Cleveland 1415 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hynes Spottiswoode Harrison

{ Residence, if in Baltimore, Give Street and Number. } 1416 Linden Ave

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH 10th of May 1840

AGE 67 years, 1 months, 18 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Elmwood Jefferson County Virginia

FULL NAME OF FATHER Anthony Kennedy

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sarah Stephena Dandridge

BIRTHPLACE OF MOTHER (State or country) The Boiver Jefferson Co Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Stephen Dandridge Kennedy

(Address) Warrenton Virginia

Filed 6/29 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to June 28 1907 that I last saw h er alive on June 28 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) 2 DAYS

Contributory (Primary.) Cancer

Uterine Cancer (DURATION) 2 yrs

(Signed) J. M. Hundley M.D.

Address Balto. Md

Date June 29 1907

Place of Burial St Johns Cem Ellicott City

Date June 29th 1907

Undertaker Henry H. Jenkins Sons Co

Address 300 West Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 2195 Registered No. B ..... C 2195

CERTIFICATE OF DEATH.

(Place of Death.) No. 1501 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert P. Schuaing

{Residence, if in Baltimore, Give Street and Number.} 1501 N. Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: White
DATE OF BIRTH: May 3 1907	
AGE: ..... years, 1 months, 25 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: D. W. Schuaing	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Mary Schaub	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. W. Schuaing

(Address) 1501 N. Wolfe

Filed 6/29 1907 BARRY O. AMBERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from May 20 - 1907 to June 28 - 1907

that I last saw h~~im~~ alive on " 27 - 1907,

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

6 weeks (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Feerly, M.D.

Address 1219 N. Caroline st

Date June 29 - 1907

Place of Burial Holy Redeemer

Date June 29 1907

Undertaker Clark Kinnard

Address Broadway Palace

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C 2196

Registered No. B C 2196

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 N. Exeter st St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Pugsley

{ Residence, if in Baltimore, Give Street and Number. } 537 N. Exeter st

Duration of Residence in Baltimore. 54 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 14th 1849

AGE: 58 years, 5 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Lybolder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Pugsley

(Address) 537 N Exeter st.

Filed 6/29/ 190 7

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to June 1907

that I last saw h~~er~~ alive on 27 1907,

and that death occurred, on the date stated above, at 9 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Hepatitis and Nephritis (DURATION) 6 mos

(Signed) J. A. Glantz M.D.

Address 41 Eastern Ave. E/L

Date June 29 1907

Place of Burial Baltimore Cemetary

Date July 1st 1907

Undertaker George Schulting & Sons

Address 1126 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 2197 Registered No. B C 2197

CERTIFICATE OF DEATH.

(Place of Death.) No. 2002 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry O'Malley

{ Residence, if in Baltimore, Give Street and Number. } 2002 Orleans

Duration of Residence in Baltimore. 1/2 hour

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 27 1907

AGE ..... years, ... months, 1/2 Hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 2002 Orleans St

FULL NAME OF FATHER Frederick Duatty

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah G. Gaff.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredericks Duatty

(Address) 2002 Orleans St

Filed 6/29 1907 HARRY O. ANDREW PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to June 27 1907 that I last saw h alive on June 27 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) ..... DAYS

Contributory (Primary.) Premature birth (DURATION) 1/2 hour DAYS

(Signed) Albertus Cotton M.D.

Address 1828 E. Balto St.

Date June 27th 1907

Place of Burial Mt. Samuel Cem

Date 6/29/07 190

Undertaker J. Henry Hon

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 15 Registered No. B C 2198

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Baker St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mattie Stump

{Residence, if in Baltimore, Give Street and Number.} 1618 Baker St.

C 2198

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 16 1878

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jesse D. Stiver

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Lucinda Burkus

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse D. Stiver

(Address) 1618 Baker St.

Filed June 29 1907 ...ARRY D. ANDREWS, ...PUTY CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1907

I HEREBY CERTIFY, That I attended deceased from March 5th 1907 to June 29 1907 that I last saw h er alive on June 28 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Bronchitis (DURATION) 3 mos 24 DAYS

(Signed) Robt. J. Murray. M.D.

Address 510 N. Fremont Ave.

Date June 29th 1907

Place of Burial St. Mary's Cem.

Date July 1 1907

Undertaker Geo. H. Little

Address 521 N. Stevens Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C. F. C 2199 Registered No. B C 2199 u

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Maddux

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR B.
DATE OF BIRTH	1
AGE 70 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Wd.
BIRTHPLACE (State or country)	Washington D C.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holly... Supt.

(Address) [illegible] ASYLUM

Filed 6/29 1907

HARRY G. ANDREWS, Registrar

[illegible] OLERK.

G K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to June 29th 1907 that I last saw h[illegible] alive on 6-28 1907 and that death occurred, on the date stated above, at 6.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-sclerosis
Senility

(DURATION) 1 DAYS

Contributory (Primary) Nephritis.

(DURATION) DAYS

(Signed) D R Vernis M.D.

Address Bay View Hosp.

Date June 29th 1907.

Place of Burial [illegible]

Date June 29 1907

Undertaker J. L. Blanchard Son

Address 108 W Monteyomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 2200 Registered No. B C 2200

153 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 305 Rogers Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Richard Simmons

{Residence, if in Baltimore, Give Street and Number.} 305 Rogers Ave

Duration of Residence in Baltimore. 1 month.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: May 24 1907.

AGE: ..... years, 1 month, 4 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard T. Simmons

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Laura Good.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Simmons

(Address) 305 Rogers Ave.

Filed 6/29 190.....

HARRY C. ANDR... Registrar

PERMIT CLERK.

G K

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to June 28 1907 that I last saw him alive on June 27 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Transmission

Battle fed

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) 2 DAYS

(Signed) J E Heard M.D.

Address 212 Aisquith St

Date June 29 1907

Place of Burial Trinity Cem

Date June 29 1907

Undertaker McGinnis & Carroll

Address 1227 Mulliken St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W C 2201 Registered No. B C 2201

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Frank Irwin

{Residence, if in Baltimore, Give Street and Number.} Laurel Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elwood Fisher

(Address) Laurel Md

Filed 6/29 1907 BUREAU OF VITAL STATISTICS PERMIT CLERK Registrar

G. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to June 29 1907

that I last saw h alive on June 29 1907

and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

P Peritonitis

(DURATION) DAYS

Contributory (Primary) Inflammation of fallopian tubes (DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date June 29 1907

Place of Burial Laurel Md

Date June 29 1907

Undertaker Wm J. Pickrell & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2202

City of Baltimore, (No. Mercy Hosp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wash D.C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Hensley

(Address) 578 N Biddle

Filed 6/30 190 7

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 (Month) (Day) 1901 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. The CAUSE OF DEATH was as follows:

Blood poison from Carcinoma kidney, claimed to originated by a bullet (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C Mark ..... M. D.

190 ..... (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Washington D.C. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wash D.C.	6/30 190 7
UNDERTAKER	ADDRESS
Alex Hensley	578 N Biddle

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2203 Registered No. B ..... C 2203

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 S Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Hall, 6

{ Residence, if in Baltimore, Give Street and Number. } 933 Druid Hill Ave

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Don't know 1

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): A. A. Co Md.

FULL NAME OF FATHER: James Hall 6

BIRTHPLACE OF FATHER (State or country): A. A Co Md

MAIDEN NAME OF MOTHER: Harriet Diggs 6

BIRTHPLACE OF MOTHER (State or country): A. A. Co Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hall 6 wife

(Address) 631 George St. 933 Druid Hill Ave

Filed 6/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date June 27 1907

Place of Burial mt auburn cemetery

Date June 30. 1907

Undertaker John H. Toadvine

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C 2204 Registered No. B ..... C 2204

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 Elm Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur P. Keys.

{Residence, if in Baltimore, Give Street and Number.} 927 Elm Place

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Amer-Am
DATE OF BIRTH	1888 1
AGE	19 years, 5 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Carroll Co.
FULL NAME OF FATHER	Henry Keys
BIRTHPLACE OF FATHER (State or country)	Frederick Co.
MAIDEN NAME OF MOTHER	Annie Chambers
BIRTHPLACE OF MOTHER (State or country)	Carroll Co.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Keys

(Address) 927 Elm Place

Filed 6/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to June 25 1907

that I last saw h alive on June 25 1907,

and that death occurred, on the date stated above, at 9:15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Aneurysm immediate (DURATION) DAYS

Contributory (Primary.)

Heart disease some weeks (DURATION) DAYS

(Signed) A. Lee Elkin M.D.

Address 922 Mad. Ave

Date June 29th 1907

Place of Burial New Windsor Carroll Co

Date July 1 1907

Undertaker John H Owens & Son

Address 122 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B C 2205

CERTIFICATE OF DEATH.

(Place of Death.) No. 1637 Wilkens ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine J Jennings

{Residence, if in Baltimore, Give Street and Number.} 1637 Wilkens

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 30 1905

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Jennings

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Logue

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jennings

(Address) 1637 Wilkens

Filed 6/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to June 28 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Gastro enteritis

Convulsions (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C Grant Jones M.D.

Address

Date June 29 1907

Place of Burial St Peters Cem

Date June 30 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2206

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2206

Registered No. B.....

City of Baltimore, (No. 1051, N Central Ave St.;.....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: March 21 (Month) (Day) 1898 (Year)

AGE: 9 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Adam Miller

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Theresa Berneke

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Miller (father)

(Address) 1051 N. Central Ave.

Filed 6/30 1907

HARRY O. ANDERSON, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28. 1907 to June 30. 1907

that I last saw her alive on June 30. 1907

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 2 DAYS

Contributory Weakness of the Heart

(DURATION) one DAY

(Signed) F. J. Lebold M. D.

June 30. 1907 (Address) 1001 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: July 1 1907

UNDERTAKER: Henry Houck's Son

ADDRESS: 1301 E Eager St

9 A.M

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2207

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2207

City of Baltimore, (No. 2213, Madeira Ct. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Lang

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 23 (Day) 1906 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Lang

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Cunigunda Arch

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lang

(Address) 2213 Madeira ct.

Filed 6/30 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to June 29th 1907

that I last saw h[er] alive on June 29th 1907,

and that death occurred, on the date stated above, at 12.10 P. M. The CAUSE OF DEATH was as follows:

Gastro - Enteritis (DURATION) 2 DAYS

Contributory Cardiac exhaustion

2 hours (DURATION) ..... DAYS

(Signed) A. L. Dumbleson M. D.

June 29 1907 (Address) 2013 Bank st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Alphonsus | DATE OF BURIAL: July 1 1907

UNDERTAKER: Jos. J. Kerr | ADDRESS: 1914 E Lafayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2208

City of Baltimore, (No. 222 Augusta St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip Stern

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 2 1854
(Month) (Day) Year)

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED News Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Stern

(Address) 222 Augusta St.

Filed 6/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 28 1907 that I last saw h... alive on June 28 1907, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) ... DAYS

Contributory Heart failure

(DURATION) ... DAYS

(Signed) Howard L. Bolton M. D.

June 29 1907 (Address) 1914 Bucknell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL Hebrew Fells Point Cem. | DATE OF BURIAL 6/30 1907

UNDERTAKER J. Thorwald Co | ADDRESS 704 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

C 2209

Registered No. B C 2209

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 Barclay St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Agnes J. Lemmon

{ Residence, if in Baltimore, Give Street and Number. } 211 Barclay St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Dec 1st 1870

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Conn.

FULL NAME OF FATHER: Patrick Monaghan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary J McNeilly

BIRTHPLACE OF MOTHER (State or country): Prince Edward Island

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Lemmon

(Address) 211 Barclay St

Filed 6/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14th 1906 to June 27th 1907

that I last saw h-e alive on " " 1907

and that death occurred, on the date stated above, at 9.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

12 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno Burke Boyle M.D.

Address 1024 E. Madison St

Date June 30th 1907

Place of Burial New Cathedral

Date July 1 1907

Undertaker E. J. Weatherald Co

Address 211 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2210 Registered No. B C 2210

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 409 E. 22 St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Smith

{Residence, if in Baltimore, Give Street and Number.} 409 E. 22 St

Duration of Residence in Baltimore. 66 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: ~~June 7th~~ Aug 7th 1829

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wayne

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geoffrey A Smith

(Address) 409 E. 22 St

Filed 6/30 1907 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/28 1907

I HEREBY CERTIFY, That I attended deceased from 10/1/1906 to 6/28/1907

that I last saw her alive on 6/27 1907

and that death occurred, on the date stated above, at 8 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) ..... DAYS

Contributory (Primary.)

General debility (DURATION) ..... DAYS

(Signed) H Gorsuch M.D.

Address 501 E. 22nd St.

Date 6/29 1907

Place of Burial New Cathedral

Date July 1907

Undertaker C. J. Friedel & Co.

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 2211 Registered No. B C 2211

CERTIFICATE OF DEATH.

(Place of Death.) No. 2026 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marian Simmons

{Residence, if in Baltimore, Give Street and Number.} 2026 Eastern ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 4th 1906

AGE ..... years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Simmons

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna M. Eierman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Eierman

(Address) 2026 Eastern Ave

Filed 6/30 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27" 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to June 27 1907 that I last saw h alive on June 27 1907, and that death occurred, on the date stated above, at 4.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date June 28 1907

Place of Burial Mt Carmel

Date June 30th 1907

Undertaker A. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward C 2212 Registered No. B C 2212

105

CERTIFICATE OF DEATH.

Place of Death.) No. 1616 Shakspeare St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Julia Semborski

{ Residence, if in Baltimore, Give Street and Number. } # 1616 Shakspeare St

Duration of Residence in Baltimore. Lifetime,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Whit

DATE OF BIRTH

1

AGE 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Zygmunt Semborski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Julia Madoske

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Zygm Semborski

(Address) 1606 Lancaster St

Filed 6/30 1907 HARRY D. ANDREWS Registrar

PERMIT CLERK.

G. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to June 30 1907 that I last saw her alive on June 29 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Entero - colitis

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna

Date June 30th, 1907

Place of Burial Holy Rosary

Date June 1 1907

Undertaker Jacob Fiallkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2213 Registered No. B C 2213

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 W. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Agnes Day

{Residence, if in Baltimore, Give Street and Number.} 1211 W Fayette St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 1835

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Carrolton Md

FULL NAME OF FATHER: James Morgan

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Frizzell

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida V Day

(Address) 1211 W Fayette St

Filed 6/30 1907

REGISTRY OF VITAL STATISTICS PERMIT CLERK

Registrar G. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to June 28 1907 that I last saw h alive on June 28 1907, and that death occurred, on the date stated above, at 1055 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of liver

(DURATION) 6 Months

Contributory (Primary.) I Cannot Say

(DURATION) 6 Months

(Signed) J. S. Linthicum M.D.

Address 1327 W Fayette St

Date June 28 1907

Place of Burial Loudon Park

Date June 30 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 2214 Registered No. B C 2214

CERTIFICATE OF DEATH.

(Place of Death.) No. 840 Hampson st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Wells

{Residence, if in Baltimore, Give Street and Number.} 840 Hampson st

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: Unknown, about 65 yrs. (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Evans

(Address) 840 Hampson st

Filed 6/30 1907 HARRY C. ANDREWS, Registrar.

PERMIT CLERK. G. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h ... alive on ..... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Unknown (DURATION) ... DAYS

Con'tributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Silas Balcom M.D.

Address 700 Leg. av. Comm.

Date June 30th 1907

Place of Burial Mt Zion

Date June 30, 1907

Undertaker Alex H Kennedy

Address 578 N Bickett St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2215

Registered No. B.....

City of Baltimore, (No. 214 W Lee St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Peters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester

(Address) 214 W Lee St

Filed 7/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6 (Month) 30th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27th 1907 to June 28th 1907 that I last saw her alive on the 28th 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Apoplexy

3 (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

6/30 1907 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 1 1907

UNDERTAKER: Jno A. Toadvine — ADDRESS: 242 W Mad

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — C 2216 — Registered No. B C 2216

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathew J. Flynn

{Residence, if in Baltimore, Give Street and Number.} 910 E. Eager St

Duration of Residence in Baltimore 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James F Flynn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Custom Shoe maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Flynn

(Address) 915 E Eager St

7/1/07 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1907

I HEREBY CERTIFY, That I attended deceased from 29th May 1907 to 28th June 1907

that I last saw him alive on 28th June 1907,

and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) General debility about 20 ✓

(DURATION) 20 DAYS

(Signed) Wm. C. Reynolds M.D.

Address 509 N. Charles St

Date June 29th 1907

Place of Burial St. Patricks Cemetery

Date July 1st 1907

Undertaker Henry Hoeck & Son

Address 130 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 2217 Registered No. B C 2217

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 553 Howard alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Brooks

{Residence, if in Baltimore, Give Street and Number.} 553 Howard al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR	DATE OF DEATH	June 30th 1907
Fem.	Colr.		
DATE OF BIRTH	Unknown 1	I HEREBY CERTIFY, That I attended deceased from	
AGE	65 years, months, days	190 to 190	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow	that I last saw h alive on 190	
BIRTHPLACE (State or country)	Balto	and that death occurred, on the date stated above, at	
FULL NAME OF FATHER	Unknown	M. CAUSE OF DEATH (Secondary or Immediate.)	
BIRTHPLACE OF FATHER (State or country)	"	Acute Indigestion & Exhaustion	
MAIDEN NAME OF MOTHER	"	(DURATION) 3 DAYS	
BIRTHPLACE OF MOTHER (State or country)	"	Con'ributory (Primary.) Indigestion	
OCCUPATION OF DECEASED		(DURATION) DAYS	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		(Signed) Allan Baldwin M.D.	
(Informant) Maggie Smith		Address 700 Lex. ave. (Corner)	
(Address) 553 Howard al.		Date June 30th 1907	
Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar		Place of Burial Mt Auburn	
		Date July 1 1907	
		Undertaker R A Elliott	
		Address 506 Rogers Ave	

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2218 Registered No. B C 2218

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Saint Agnes Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bernard Connors

{Residence, if in Baltimore, Give Street and Number.} 318 S. Clinton St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Michael Kennedy

(Address) 318 S. Clinton St

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

Accidental

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address .....

Date June 30. 1907

Place of Burial Saint Peters Cem

Date July 1 1907

Undertaker H Landa Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2219 Registered No. B ..... C 2219

42 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Kerner

{ Residence, if in Baltimore, Give Street and Number. } 503 N. Collington Ave

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 27th 1867

AGE 40 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frederick Bitting

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Kerner

(Address) 503 N. Collington Ave.

Filed 7/1 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1907

I HEREBY CERTIFY, That I attended deceased from March 26th 1907 to June 28 1907 that I last saw h.e alive on June 28th 1907, and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Malignant Cachexia

3 months (DURATION) DAYS

Contributory (Primary.) Carcinoma uteri 7 months (DURATION) DAYS

(Signed) A. G. Tegtmeyer M.D.

Address 2204 E. Monument St

Date June 29th 1907

Place of Burial Oak Lawn Cem

Date July 1 1907

Undertaker HENRY SAUER & SONS

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Ceaton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2220 Registered No. B C 2220

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 724 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph M. Colligan

{Residence, if in Baltimore, Give Street and Number.} 724 S. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 11th 1905

AGE: 1 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph M. Colligan

BIRTHPLACE OF FATHER (State or country): Washington D. C.

MAIDEN NAME OF MOTHER: Elizabeth Hildebrand

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Colligan

(Address) 724 S. Broadway.

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to June 30 1907 that I last saw h[im] alive on June 30 1907, and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Tuberculosis Meningetis (DURATION) 3 mos. ~~DAYS~~

(Signed) Alan B Lemmon M.D.

Address Jas N. Patterson Pl[ace]

Date June 30 1907

Place of Burial Mt. Carmel C.

Date July 1st 1907

Undertaker H. Sanders & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C 2221 Registered No. B

CERTIFICATE OF DEATH.

45

Place of Death.) No. 135 Jackson Pl. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Solomon Schaeman Ember

{Residence, if in Baltimore, Give Street and Number.} 135 Jackson Pl.

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX white male | COLOR white

DATE OF BIRTH July 3 1905

AGE 2 years, 0 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaac Ember

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Mary Carmel

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Carmel

(Address) 1016 E. Baltimore Sts.

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to June 30 1907 that I last saw h— alive on June 30 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of the Kidney and Inanition

(DURATION) 70 DAYS

Contributory (Primary.) Sarcoma of Kidney (DURATION) 70 DAYS

(Signed) M. W. Aaronson M.D.

Address 6 S. Broadway

Date July 1, 1907

Place of Burial Hebrew Philipsfeld Henrietta

Date July 1, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — C 2222 — Registered No. B C 2222 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 N. Rose St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna Swasek

{ Residence, if in Baltimore, Give Street and Number. } 136 N. Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Bernard Swasek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Anna Pich

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Swasek

(Address) 136 N. Rose St.

Filed 7/1/07 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to June 30 1907

that I last saw her alive on " 1907

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Icterus

(DURATION) DAYS

Contributory (Primary) General Asthenia (DURATION) DAYS

(Signed) William J. Swasek M.D.

Address 2008 Ashland Ave

Date 7/1/07 1907

Place of Burial Holy Redeemer.

Date July 2 1907

Undertaker Frank Grack

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eight hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

Ward C. 7. C 2223 Registered No. B C 2223

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emeline Anderson,

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F.	COLOR: B,
DATE OF BIRTH: 1	
AGE: 65 years, months, days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: M.	
BIRTHPLACE (State or country): Maryland,	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamer Hollyday, Supt.

(Address)

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1907

I HEREBY CERTIFY, That I attended deceased from May 11th 1907 to June 28th 1907 that I last saw her alive on 6-28- 1907 and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility,

(DURATION) DAYS

Contributory (Primary) Acute Decubitus (DURATION) DAYS

(Signed) R R Vansant M.D.

Address Bay View Hosp.

Date June 29th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date June 29th 1907

Undertaker William H Woodall

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

160

Ward C. M. S. C 2224 Registered No. B C 2224

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph P. Hallaway.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	B.
DATE OF BIRTH	1
AGE	52 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Charlesville, Va.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 7/1 1907 Registrar HARRY O. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 17th 1903 to June 28th 1907 that I last saw him alive on 6-28- 1907 and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis.

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hosp.

Date June 29 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date June 29 1907

Undertaker William H. Woodin

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

091

Ward 1 C 2225 Registered No. B C 2225

CERTIFICATE OF DEATH.

(Place of Death.) No. 544 W Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha Curtis

{Residence, if in Baltimore, Give Street and Number.} 544 W Biddle St.

Duration of Residence in Baltimore. Sixty-Years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) maryland

FULL NAME OF FATHER Frederick Spencer

BIRTHPLACE OF FATHER (State or country) md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) martha Handy

(Address) 544 W. Biddle

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday June 30th 1907

I HEREBY CERTIFY, That I attended deceased from June 30th 1907 to June 30th 1907

that I last saw h[illegible] alive on June 28th 1907,

and that death occurred, on the date stated above, at 6.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 hour DAYS

Contributory (Primary) None

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 N. Chester St

Date July 1st 1907

Place of Burial Bristol Md.

Date July 2. 1907

Undertaker Alex F. Handley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 2226 Registered No. B C 2226

CERTIFICATE OF DEATH.

(Place of Death.) No. 2031 Mura St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Lockemiller

{Residence, if in Baltimore, Give Street and Number.} 2031 Mura St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~June 28th~~ 10

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Lockmiller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Staetinger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Annie Lockemiller

(Address 2031 Mura St

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to June 28 1907

that I last saw h alive on June 28 1907,

and that death occurred, on the date stated above, at 10½ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma, Endocarditis

Influenza

(DURATION) 2 Mos DAYS

Contributory (Primary.) Rheumatism (DURATION) 1 Year DAYS

(Signed) Chas B. Fuge M.D.

Address 530 N Broadway

Date June 30th 1907

Place of Burial Balto Mem.

Date July 1st 1907

Undertaker J. Henry & Son

Address 1000 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 2227 Registered No. B C 2227

CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 Oneor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E Kelton

{Residence, if in Baltimore, Give Street and Number.} 1707 Eneor St

Duration of Residence in Baltimore. 11 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 18th 1889

AGE 17 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jno. F. Kelton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Harlan

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jno. Arthur

(Address) 1707 Eneor St.

Filed 6/1 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 29th 1907 that I last saw h Er alive on June 28th 1907 and that death occurred, on the date stated above, at 7.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Acute Pulmonary Tuberculosis (DURATION) 3 months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robert B. Adkerson M.D.

Address 1031 N. Caroline St.

Date June 29th 1907

Place of Burial Long Green Md

Date July 2nd 1907

Undertaker G. F. Walker

Address 723 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C 2228

C 2228

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 S. Augusta ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Robinson

{ Residence, if in Baltimore, Give Street and Number. } 216 S. Augusta ave

Duration of Residence in Baltimore. 59 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 19th 1825

AGE: 81 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Robinson

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Margaret Moore

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Robinson

(Address) 216 Augusta ave

Filed 7/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 30 1907

that I last saw h alive on June 30 1907,

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 hrs DAYS

Con'tributory (Primary.) Acute Hyp[illegible]

[illegible] Heart Dis (DURATION) 30 DAYS

(Signed) Henry Wahe M.D.

Address Wright ave

Date June 30 1907

Place of Burial London Park

Date July 2nd 1907

Undertaker G. F. Sharer

Address 723 N Carey ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2229 Registered No. B 15/V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alma Marie Troyer

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	Mch 17 1907
AGE	~~years~~ 3 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. A. City

Filed 7/1/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to June 29 1907 that I last saw h[er] alive on June 28 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. K. Kenyon M.D.

Address 1238 N Caroline St

Date 6-30 1907

Place of Burial New Cathedral

Date July 1st 1907

Undertaker Martin Fahey & Sons

Address 606 Fayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2230 Registered No. B C 2230

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hirod Black

{ Residence, if in Baltimore, Give Street and Number. } St Vinct. Inf Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	N
DATE OF BIRTH	March 5 1907
AGE	years, 3 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	C
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 7/1 1907 HARRY C. AMERMAN, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to June 29 1907 that I last saw him alive on June 28 1907, and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. K. Hayward M.D.

Address 1230 N Caroline St

Date 6-30- 1907

Place of Burial New Cathedral

Date July 1 1907

Undertaker Martin Gahan & Son

Address 106 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — t 2231 — Registered No. B

CERTIFICATE OF DEATH. C 2231

(Place of Death.) No. 336 Rose St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Beatrice Lively

{ Residence, if in Baltimore, Give Street and Number. } 336 Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm Hulet.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie J Lively

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Lefsley

(Address) 336 Rose St

Filed 7/1 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30, 1907.

I HEREBY CERTIFY, That I attended deceased from June 27, 1907, to June 29, 1907.

that I last saw h alive on June 29, 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage (DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Unknown DAYS

(Signed) H. Bowers Magruder M.D.

Address 922 Madison Ave

Date July 1, 1907.

Place of Burial Mt. Auburn

Date July 3 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 2232 Registered No. B C 2232

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna Worton

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F.	W.

DATE OF BIRTH June 12, 1907

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) L. Co

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/1/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30, 1907

I HEREBY CERTIFY, That I attended deceased from June 12 1907 to June 30 1907 that I last saw h.. alive on June 27 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. K. Hayward M.D.

Address 1230 N Caroline

Date 6-30- 1907

Place of Burial New Cathedral

Date July 2d, 1907

Undertaker Martin Fitzpatrick

Address 16 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report to the Undertaker, **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 2233

Registered No. B .....

City of Baltimore, (No. 1306, Bryle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Calvin Hartlove

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec (Month) 19 (Day) 1890 (Year)

AGE 17 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jas H Hartlove

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Shanklin

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Hartlove

(Address) 1306 Bryle

Filed 7/1/07 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to June 29 1907

that I last saw h[im] alive on June 28 1907,

and that death occurred, on the date stated above, at 7.10 A. M. The CAUSE OF DEATH was as follows:

Cerebral Septicaemia

(DURATION) 30 DAYS

Contributory (Abscess of joints a.&s.)

(DURATION) DAYS

(Signed) J. H. Cushane M. D.

June 29 1907 (Address) 1303 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cedar Hill

DATE OF BURIAL July 1 1907

UNDERTAKER C I Manning

ADDRESS 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE

Ward 14 C 2234 Registered No. B C 2234

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. St Vincents Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Cora Ingle.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Asylum

Duration of Residence in Baltimore. Lifetime,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 29 1906

AGE 1 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Alice Ingle

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Alice Ingle

(Address St Vincent Asylum.

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to June 29 1907 that I last saw her alive on June 29 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Ileo Colitis

(DURATION) 10 DAYS

(Signed) E. K. Hayward, M.D.

Address 1230 N Caroline st

Date 6-30 1907

Place of Burial New Cathedral

Date July 1 1907

Undertaker M. Fahey & Sons.

Address 220 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and

Ward ..... Registered No. B C 2235

C 2235

CERTIFICATE OF DEATH.

(Place of Death.) No. 901 St. Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augusta Chambers Eccleston Shoemaker

{ Residence, if in Baltimore, Give Street and Number. } 901 St. Paul St.

Duration of Residence in Baltimore. from 1853 to date

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 27th 1833

AGE 74 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Chestertown, Kent Co., Md.

FULL NAME OF FATHER John Bowers Eccleston

BIRTHPLACE OF FATHER (State or country) Kent Co., Md.

MAIDEN NAME OF MOTHER Augusta Chambers Houston

BIRTHPLACE OF MOTHER (State or country) Chestertown, Kent Co., Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Houston Eccleston

(Address) 910 St Paul St Baltimore

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1907

I HEREBY CERTIFY, That I attended deceased from April 8 1907 to June 29 1907

that I last saw h er alive on June 29 1907

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema.

Renal abscess.

(DURATION) 6 - DAYS

Contributory (Primary) Myocarditis - Cyclo-sphritis -

(DURATION) 80 DAYS

(Signed) Jno R Bruce M.D.

Address 17 W Biddle St.

Date June 30. 1907

Place of Burial St Thomas Cem. Garrison forest

Date July 2nd 1907

Undertaker Wellenkamp Bros Co

Address 308 W Madison cor Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2236 Registered No. B ..... C 2236

CERTIFICATE OF DEATH.

(Place of Death.) No. 648 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Stewart

{Residence, if in Baltimore, Give Street and Number.} 648 Bradley st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: — years, two months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Wm. Stewart

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary A. Stewart

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bird

(Address) 648 Bradley St.

Filed 7/1/ 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cyhamilton

three hrs (DURATION) ..... DAYS

Con'ributory (Primary.) Hamilton

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 710 Lafayette Ave

Date June 30th 190 7

Place of Burial Mount Auburn

Date July 1 190 7

Undertaker J H Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2237 Registered No. B C 2237

84 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea Yaiden

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk.

DATE OF BIRTH: May 17 1907

AGE: — years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Allegheny Co. Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 7/1 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to June 30 1907 that I last saw h— alive on June 29 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enlarged Thymus - Lymphangioma

(DURATION) 43 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date June 30 1907

Place of Burial Cathedral Cemetery

Date July 1 1907 190

Undertaker R. Eli B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2238 Registered No. B C 2238

CERTIFICATE OF DEATH.

(Place of Death.) No. 572 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addie McBee

{ Residence, if in Baltimore, Give Street and Number. } 572 Union

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Wites-Am

DATE OF BIRTH 1857 1

AGE 18 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Westminster

FULL NAME OF FATHER Frank McBee

BIRTHPLACE OF FATHER (State or country) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Smith

(Address) 572 Union St.

Filed 7/1 1907 HARRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-30 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to June 30 1907 that I last saw h— alive on June 26 1907, and that death occurred, on the date stated above, at 11.40 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Some months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. ave

Date June 30 1907.

Place of Burial Mt Auburn Cemetery

Date July 3 1907

Undertaker Felix B. Pyt

Address 102 E. Montbarry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2239 Registered No. B C 2239

CERTIFICATE OF DEATH.

1414

(Place of Death.) No. 1155 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Ann Davis.

{ Residence, if in Baltimore, Give Street and Number. } 1155 N. Calhoun St.

Duration of Residence in Baltimore. 17yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1846

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Isaiah Davis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Ruter

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie V. Taylor

(Address) 1155 N. Calhoun St

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30, 1907.

I HEREBY CERTIFY, That I attended deceased from 1907 to June 30 1907 that I last saw her alive on June 29 1907, and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma due to Septicaemia (Wound not consent to removal of foot).

(DURATION) 5 DAYS

Contributory (Primary) Senile Gangrene of left foot. (DURATION) 5 Weeks

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date June 30 1907.

Place of Burial St Paul M. E. Church Cem Reisterstown Md

Date July 3rd 1907

Undertaker Jas. L. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Bal

C 2240 Registered No. B C 2240

CERTIFICATE OF DEATH.

(Place of Death.) No. 251 S. Wolfe St ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry G. Ostendorf

{Residence, if in Baltimore, Give Street and Number.} 251 S. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 7th 1866
AGE	41 years, 1 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Joseph Ostendorf
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Ostendorf

(Address) 251 S. Wolfe St.

Filed 7/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to June 29 1907 that I last saw him alive on June 29 1907, and that death occurred, on the date stated above, at 4.P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tabes Dorsalis

+

Pulmonary Tuberculosis

About 17 Yrs. (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date July 1 1907

Place of Burial Balto. Cemetery

Date July 2nd 1907

Undertaker Germanus Franc

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21st. C 2241 Registered No. B C 2241

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2815 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Bell

{ Residence, if in Baltimore, Give Street and Number. } 2815 Eastern ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: June 30 1907	
AGE: — years, — months, 1½ hours days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto Md.	
FULL NAME OF FATHER: Wm Bell	
BIRTHPLACE OF FATHER (State or country): Balto Md.	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Balto. Md.	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bell

(Address) 2815 Eastern ave

Filed 7/1/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to June 30 1907 that I last saw h alive on June 30 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date 1907

Place of Burial London Park Cemetery

Date July 1st 1907

Undertaker Germania Finance

Address Bank & Wolfe sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 2242

C 2242

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1240 Hare St - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Winiecki

{ Residence, if in Baltimore, Give Street and Number. } 1240 Hare St -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph Winiecki

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dent

BIRTHPLACE OF MOTHER (State or country): Know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. P. Dudowski

(Address) 703 S. Ann St

Filed 7/1 190 7 HARRY O. ANDREWS, PERMIT CLERK Registrar

2 of

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to July 1st 1907

that I last saw him alive on June 30 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

1 wk (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Chas Deer M.D.

Address 619 E Pat Park City

Date July 1st 1907

Place of Burial St Stanislaus.

Date June 2 nd 1907

Undertaker M. P. Dudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 2243 Registered No. B C 2243

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 N. Bidden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry E. Fitchett

{ Residence, if in Baltimore, Give Street and Number. } 435 N. Bidden St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White - Am
DATE OF BIRTH	1889 1
AGE	18 years, 4 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Daniel Fitchett
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Rachel Ferguson
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Elevator Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Hawkins

(Address) 435 N. Bidden St

Filed 7/1 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 — 29 — 1907.

I HEREBY CERTIFY, That I attended deceased from June 18, 1907 to June 29th 1907 that I last saw h[illegible] alive on June 29th 1907, and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

Some months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave.

Date 6-29 — 1907

Place of Burial Mt Auburn Cemetery

Date July 2 1907

Undertaker Isaac Brown

Address 565 Dolphin street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154 W

CERTIFICATE OF DEATH.

C 2244

Registered No. B .....

City of Baltimore, (No. 740 W Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Kalscheuer

(Address) 740 W Saratoga St

Filed 7/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7½ P. M. The CAUSE OF DEATH was as follows:

1 General debility

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Patrick J Martin M. D.

July 1 1907 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: July 2 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E North

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2245

City of Baltimore, (No. 1806, Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances A. Kinsey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 64 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Johnston

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Nevill

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John D. Fields

(Address) 1208 W. Fayette

Filed 7/1 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 16th 1907 to June 29 1907 that I last saw h[illegible] alive on June 29 1907, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia first on left side & then on Rt,

(DURATION) 31 DAYS

Contributory Pleurisy - on both sides about (Phthisis) (DURATION) 10 DAYS

(Signed) Oliver P. Penning M. D.

June 30 1907 (Address) 1711 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 1st 1907
UNDERTAKER	ADDRESS
John D. Fields	1208 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C 2246 Registered No. B C 2246

CERTIFICATE OF DEATH.

97 V

(Place of Death.) No. Aged Methodist Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Benjamin F. Miller

{Residence, if in Baltimore, Give Street and Number.} Franklin & Fulton.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Feb. 28 1835

AGE: 71 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Miller

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Gosnell

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. McGinnis

(Address) Franklin & Fulton sts

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to June 27 1907 that I last saw h alive on June 27 1907 and that death occurred, on the date stated above, at 1 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Infirmities of old age.

(DURATION) — DAYS

Con'tributory (Primary) Bronchial Asthma.

10 yrs. (DURATION) DAYS

(Signed) Edwin Murray M.D.

Address 1321 W. Fayette Ave.

Date June 30 1907

Place of Burial London Park

Date July 2nd 1907

Undertaker Geo J Smith Co

Address 1002 W. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 2247 Registered No. B ..... C 2247

CERTIFICATE OF DEATH.

(Place of Death.) No. 2823 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Grape

{Residence, if in Baltimore, Give Street and Number.} 2823 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 17 1884

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John N. Grape

BIRTHPLACE OF FATHER (State or country) York Penn.

MAIDEN NAME OF MOTHER Bertha Woodfield

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Bertha Grape Mother

Address 2423 E. Monument st

Filed 7/1 1907 HARRY O. ANDREWS, ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to June 30 1907 that I last saw h.. alive on June 28 1907 and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

6. Months (DURATION) ..... DAYS

Contributory (Primary.)

Asthenia (DURATION) ..... DAYS

(Signed) O. Reifforth M.D.

Address 1207 E. Monument

Date July 1 1907

Place of Burial Trinity Cemetary

Date JUL 3 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2248 Registered No. B C 2248

CERTIFICATE OF DEATH.

(Place of Death.) No. 2219 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Belzold

{Residence, if in Baltimore, Give Street and Number.} 2219 Canton Ave

Duration of Residence in Baltimore. 50 Yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	57 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Co.
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jennie Belzold

(Address) 2219 Canton Ave

Filed 7/1 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 7th 1907 to June 30th 1907

that I last saw him alive on June 30th 1907.

and that death occurred, on the date stated above, at 1-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Oedema

(DURATION) 30 DAYS

Con'tributory (Primary.) Chron Nephritis (DURATION) DAYS

(Signed) C. N. Bikle M.D.

Address 2 Hudson st

Date July 1st 1907

Place of Burial Holy Redeemer

Date July 3rd 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2249 Registered No. B ..... C 2249

CERTIFICATE OF DEATH.

172 ✓

(Place of Death.) No. Foot Binney & Atlantic Wharf St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ludwig Doettloff

{ Residence, if in Baltimore, Give Street and Number. } 929 Binney St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Conrad Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Doettloff

(Address) 929 Binney St

Filed 7/1/07 190

HARRY C. ANDREWS, PENNITT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 = 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Spudler Coroner M.D.

Address 320½ Greene St.

Date July 1st 1907

Place of Burial 5th Reformed

Date July 2nd 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C 2250 Registered No. B C 2250

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Pinkney St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Murphy

{Residence, if in Baltimore, Give Street and Number.} 1138 Pinkney

Duration of Residence in Baltimore. 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Wm Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Susan Rudden

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Murphy

(Address) 1138 Pinkney St

Filed 7/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to June 30 1907 that I last saw h[illegible] alive on June 29 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Con'tributory (Primary) Chronic Interstitial Nephritis (DURATION) One year DAYS

(Signed) A.B. Freeman M.D.

Address 668 Columbia Ave

Date June 30 1907

Place of Burial St Peters

Date July 2nd 1907

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2251

City of Baltimore, (No. 821 Plum alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma King.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Feb (Month) 5 (Day) 1898 (Year)

AGE: 9 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William King

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mamie Lives

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) mamie King

(Address) 821 Plum Valley

Filed 7/1 1907

HARRY O. ANDERSON, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1905 to June 1907

that I last saw her alive on June 8 1907, or June 29

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Tubercular Sacs of Ileac Disease

2 years (DURATION) DAYS

Contributory Amyloid Disease of Viscera 6 months (DURATION) DAYS

(Signed) H E Ashbury M. D.

July 1 1907 (Address) Charles & 20th Street.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peter, Cemetery

DATE OF BURIAL: 7/2 1907

UNDERTAKER: John H. Toadvine

ADDRESS: 1426 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — Registered No. B C 2252

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Corwin

{Residence, if in Baltimore, Give Street and Number.} Bluefield W. Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1885

AGE: 22 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Thomas Lyons

BIRTHPLACE OF FATHER (State or country): W. Va

MAIDEN NAME OF MOTHER: Mary Lyons

BIRTHPLACE OF MOTHER (State or country): W. Va

OCCUPATION OF DECEASED: Crane

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Corwin

(Address) Bluefield W. Va

Filed July 2nd 1907 — HARRY D. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1" 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to July 1 1907 that I last saw her alive on July 1 1907 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexia

General Peritonitis

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hospital

Date July 1" 1907

Place of Burial Bluefield W. Va

Date July 1st 1907

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St James Hotel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry B. Amsted

{ Residence, if in Baltimore, Give Street and Number. } Same as above

B-2753

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Oct. 18 1877

AGE: 29 years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: divorced

BIRTHPLACE (State or country): Batavia N. Y.

FULL NAME OF FATHER: Albert C. Amsted

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Grace Clark

BIRTHPLACE OF MOTHER (State or country): Le Roy N. Y.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Amsted.

(Address) Batavia N. Y.

Filed July 2nd 07

HARRY C. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to June 30 1907

that I last saw him alive on June 30 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide

Pistol shot wound in head

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. B. Hayden M.D. Coroner

Address 2 E. Caroline St.

Date July 1st 1907

Place of Burial Le Roy N.Y.

Date July 1/07 1907

Undertaker E. J. Forrest

Address 253 Edmondson

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13V

CERTIFICATE OF DEATH.

Registered No. B C 2254

City of Baltimore, (No. 1429 Bauer st. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elia Da Pollonio

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: December (Month) 9 (Day) 1906 (Year)

AGE: — years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Aurelio Da Pollonio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Florinda Carotti

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Da Pollonio

(Address) 1429 Bauer st

Filed July 2nd 1907

E. Kyle Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to June 29 1907 that I last saw h-r alive on June 29 1907, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

2 weeks (DURATION) 14 DAYS

Contributory —

(DURATION) DAYS

(Signed) M. Hirschman M. D.

July 1 1907 (Address) 900 E. Balto st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 2 1907
UNDERTAKER	ADDRESS
Wendell Dipple & Son	336 Bon

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 C 2255 Registered No. B C 2255

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 N. Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Schlebigh

{Residence, if in Baltimore, Give Street and Number.} 1110 N. Milton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 5 1907

AGE: ..... years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Schlebigh

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margt Schissler

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Schlebigh

(Address) 1110 N. Milton Ave

Filed 7/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1st 1907

I HEREBY CERTIFY, That I attended deceased from April 2nd 1907 to July 1st 1907

that I last saw her alive on June 27th 1907

and that death occurred, on the date stated above, at 11 o P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition and Exhaustion

(DURATION) 3 Mos. DAYS.

Con'tributory (Primary.) Enteritis and Spina Bifida (DURATION) Lifetime DAYS.

(Signed) Albert J. Siegwald M.D.

Address 1202 N. Patterson Park Ave.

Date July 1st, 1907

Place of Burial Holy Redeemer

Date July 2nd 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2256

City of Baltimore, (No. 124 Grace's Ct St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lizzie Dorey

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR —

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Simon

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Carter

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Lehmer

(Address) 128 Grace St

Filed 7/2 190 7

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Ex Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Heart Disease

Sudden
(DURATION) DAYS

Contributory
(DURATION) DAYS

(Signed) Patrick J Martin M. D.
Coroner

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 2 1907
UNDERTAKER	ADDRESS
Alfred J. Fruland	1618 Schroeder

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 2257 Registered No. B .....

CERTIFICATE OF DEATH.

C 2257

(Place of Death.) No. 605 Pierce St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Jane Robinson

{ Residence, if in Baltimore, Give Street and Number. } 605 Pierce St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 6 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Julius Pratt

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Martha Robinson

BIRTHPLACE OF MOTHER (State or country) md —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 605 Pierce St —

Filed 7/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 in 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to June 30 1907

that I last saw h m alive on June 29 1907 ,

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemiplegia

Convulsions, Asthenia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 1656 W Franklin St

Date June 30 1907

Place of Burial Mt Auburn

Date July 2 — 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B C 2258

CERTIFICATE OF DEATH. C 2258

(Place of Death.) No. 302 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edith E. H. Summers

{ Residence, if in Baltimore, Give Street and Number. } 302 S. Calhoun St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Wht.

DATE OF BIRTH Sept 17 1904

AGE 2 years, 9 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Summers

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Ellen E Dey

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Summers

(Address) 302 Calhoun St.

Filed 7/2 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1907

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to July 1 1907 that I last saw h.. alive on July 1 1907 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria.

(DURATION) DAYS

Con'ributory (Primary.) Diphtheria

(DURATION) DAYS

(Signed) John L. Conner M.D.

Address 1302 W. Lombard St.

Date July 1 1907

Place of Burial Mount Olivet

Date July 2nd 1907

Undertaker John F. Cowan

Address 901 Hollins St.

4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 2259 — Registered No. B

CERTIFICATE OF DEATH.

114 V

(Place of Death.) No. #409 N. Spring St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie C. Hammann

{Residence, if in Baltimore, Give Street and Number.} #409 N. Spring St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 18th 1906

AGE — years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Louis Hammann

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Minnie Frederick

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Hammann

(Address) 409 N Spring St

Filed 7/2/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th. 1907.

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to June 30 1907.

that I last saw h/er alive on June 30 1907, 8.30 P.M. and that death occurred, on the date stated above, at 8

CAUSE OF DEATH (Secondary or Immediate)

Jaundice

(DURATION) 4 DAYS

Contributory (Primary.)

Hepatitis (DURATION) 7 DAYS

(Signed) Robert C. Green M.D.

Address 127 Aisquith St

Date July 1st. 1907

Place of Burial Laurel Hill Park

Date 7/2/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

C 2260

Registered No. B [illegible] 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1141 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julius Beck

{Residence, if in Baltimore, Give Street and Number.} 1141 Hull St

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 1906

AGE 1 years, 1 months, [illegible] days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Wm. Beck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Augusta Bettin

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Beck

(Address) 1141 Hull St

Filed 7/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to July 1st 1907 that I last saw h[illegible] alive on June 30 1907, and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis DURATION 10 DAYS

Contributory (Primary.)

Gastro-enteritis DURATION 14 DAYS

(Signed) S Kahn M.D.

Address 1510 E. Fort Ave

Date July 1st 1907

Place of Burial St. Paul's

Date July 2nd 1907

Undertaker Jos. Stumbaugh

Address 818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2261 Registered No. B C 2261

CERTIFICATE OF DEATH.

(Place of Death.) No. 2028 Maryland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Bennett Taylor

{Residence, if in Baltimore, Give Street and Number.} 2028 Maryland Ave.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov. 26. th. 1842

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Capt. Wm. Smith Taylor

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Catherine Rawlings

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. B. Myers

(Address) 2028 Maryland Av.

Filed 7/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 1 1907 that I last saw h[illegible] alive on July 1 1907 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) — DAYS

(Signed) Jose L. Hirsh M.D.

Address 1819 Linden Ave

Date July 2 1907

Place of Burial Greenmount Cem

Date July 3rd 1907

Undertaker Hollenkins Bros Co

Address 300 W. Madison St Cor Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 4 C 2262 Registered No. B C 2262

CERTIFICATE OF DEATH.

(Place of Death.) No. 444 S. Forrest. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Donaldson.

{ Residence, if in Baltimore, Give Street and Number. } 444 S. Forrest St.

Duration of Residence in Baltimore. 22 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 21st. 1875

AGE: 32 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Lidik

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Sadowsky

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Donaldson

(Address) 444 S. Forrest St

Filed 7/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Edward Lam

(DURATION) 4 DAYS

Contributory (Primary.) Cyanosis (DURATION) 2 DAYS

(Signed) E. Dalgnuth M.D.

Address 517 Lemmon

Date July 2 1907

Place of Burial Western Cem.

Date July 3rd 1907

Undertaker Mr. & Mrs. John W. Siegel

Address 701 W. Fayette St.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 C 2263 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 S. Calhoun St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur T. Gamble

{ Residence, if in Baltimore, Give Street and Number. } 239 S. Calhoun St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 7. 1883

AGE 23 years, 10 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James A. Gamble

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Annie F. McKeldin

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna M. Gamble

(Address) 239 S. Calhoun St

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to June 30 1907

that I last saw him alive on June 30 1907,

and that death occurred, on the date stated above, at 3.57 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Acute

Bright's (DURATION) 3 DAYS

(Signed) J. MacNeill M.D.

Address 1315 Hollins

Date June 30 1907

Place of Burial Baltimore

Date July 2 1907

Undertaker Fox & Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 07 C 2264 Registered No. B C 2264

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Battalia.

{ Residence, if in Baltimore, Give Street and Number. } Falls Road, Govans P.O. Md. & Pa R.R.

Duration of Residence in Baltimore. 3 1/2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 30 1907.

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Thomas Battalia

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Philomena D'Angelo

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Laborer (Md & Pa R.R.)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/2 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907.

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to June 30 1907 that I last saw him alive on June 30 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

26 days (DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 26 DAYS

(Signed) George H. Ofluezen M.D.

Address St Joseph's Hospital

Date June 30 1907.

Place of Burial JOHNS HOPKINS HOSPITAL.

Date JUL 1 - 1907 190

Undertaker Health Department

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2265

City of Baltimore, (No. 1711 Druid Hill Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses Brettenheimer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. Brettenheimer

(Address) 1711 Druid Hill Ave

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to July 1st 1907 that I last saw him alive on July 1st 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

2 (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Joseph Blum M. D.

196 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem | DATE OF BURIAL: July 3rd 1907

UNDERTAKER: Hamburger & Sondheim | ADDRESS: 223 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 2266 Registered No. B C 2266

CERTIFICATE OF DEATH.

(Place of Death.) No. 7810 Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo A Shipley

{Residence, if in Baltimore, Give Street and Number.} 786 W Cross st

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry Shipley.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Catherine Peddicord,

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Shipley

(Address) 786 W Cross.

Filed 7/2/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to July 1 1907 that I last saw h alive on June 30 1907, and that death occurred, on the date stated above, at 8 A M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) S. M Lemmon M.D.

Address 602 S. Broadway

Date July 1st 1907

Place of Burial Mt Olivet,

Date July 3. 1907

Undertaker Wm Cook

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2267 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Katie Baker

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 15 Years

C 2267

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30. 1907

I HEREBY CERTIFY, That I attended deceased from July 30. 1906 to June 30. 1907 that I last saw her alive on June 30 1907, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic pneumonia

(DURATION) 5' DAYS

Contributory (Primary.) General debility

parnis (DURATION) DAYS

(Signed) H. M. Andrews M.D.

Address Bay View Asylum

Date June 30 1907

Place of Burial Bello Cem

Date July 3 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2268 Registered No. B C 2268

CERTIFICATE OF DEATH.

(Place of Death.) No. 1272 James St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillip Vincent

{Residence, if in Baltimore, Give Street and Number.} 1272 James

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Hardwood finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Vincent

(Address) 1272 James St

Filed 7/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Coroner 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Influenza

(DURATION) DAYS

(Signed) Chas Jones M.D.

Address [illegible]

Date July 1st 1907

Place of Burial Western

Date July 3 1907

Undertaker Lincoln

Address 1502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Belt Line Station, Govt. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno C Ford.

{Residence, if in Baltimore, Give Street and Number.} 125 Falls Road.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: Jan 22nd 1866

AGE: 41 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos N Ford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Nichol

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos N Ford

(Address) 125 Falls Road

Filed 7/2 1907

HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture 3rd Cervical Vertebrae.

Nail-wound accidental (DURATION) DAYS

Contributory (Primary) ..... (DURATION) DAYS

(Signed) Phillip Leitheiser M.D.

Address 1818 E. Oliver St

Date July 1 1907

Place of Burial Loudon Park

Date July 3rd 1907

Undertaker Albert F Phillips

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2270

City of Baltimore, (No. 222 N. Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Hush

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Nov. (Month) 30 (Day) 1881 (Year)

AGE: 26 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Geo. Hush,

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Anna L. Sanders,

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md.

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna L. Hush,

(Address) 222 N. Fremont Ave.

Filed 7 2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to June 30 1907 that I last saw h alive on June 30 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Typhoid

(DURATION) 9 DAYS

Contributory Hemorrhage

(DURATION) DAYS

(Signed) William E Burton M. D.

July 1 1907 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 3 1907
UNDERTAKER	**ADDRESS**
Robert S. Little	531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2271

City of Baltimore, (No. 808 N. Fremont Ave., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary B. Moore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Sept. (Month) 1st (Day) 1859 (Year)	
AGE: 47 years, 9 months, 29 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: John P. Sommer,	
BIRTHPLACE OF FATHER (State or country): Baltimore City.	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country): Baltimore City	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Moore,

(Address) 808 N. Fremont Ave.

Filed 7/2 1907 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6th 1907 to June 29th 1907 that I last saw her alive on June 29th 1907, and that death occurred, on the date stated above, at 4:30 A. M. The CAUSE OF DEATH was as follows:

Paralysis of Heart and Respirating Centers

(DURATION) DAYS

Contributory Carcinoma of Brain & Spinal Cord (DURATION) DAYS

(Signed) William J. Marsick, M. D.

July 1st 1907 (Address) 1606 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet	July 2 1907
UNDERTAKER	ADDRESS
Geo. W. Little.	531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2101 W.Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva M.Weber,

Residence, if in Baltimore, Give Street and Number. 2101 W.Lexington St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: October 25 1832

AGE: 74 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug Mark,

(Address) 1910 W.Pratt St.

Filed 7/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1907

I HEREBY CERTIFY, That I attended deceased from April 3rd 1907 to June 30 1907 that I last saw her alive on June 30 1907, and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy – Heart failure
asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 3 months DAYS

(Signed) E. Judson Willis M.D.

Address 2029 W. Balto St.

Date July 1 1907

Place of Burial Western

Date July 3 1907

Undertaker Geo.W.Littl e,

Address 551 N.Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward V2 C 2213 Registered No. B C 2213

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 Colombia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Pillus

{Residence, if in Baltimore, Give Street and Number.} 525 Columbia Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: July 1 1905 1

AGE: 2 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 525 Columbia ave

FULL NAME OF FATHER: Peter Pillus

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Kattie Burinskas

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Gray.

Address 525 Columbia ave.

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to July 1st 1907 that I last saw him alive on July 1st 1907, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 7 DAYS

Con'tributory (Primary) Tuberculosis

(DURATION) 7 DAYS

(Signed) August Horn M.D.

Address 40 E 25th St

Date July 1st 1907

Place of Burial St Alphonsus

Date July 3" 1907

Undertaker H. S Trick

Address 2113 N Roll St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 4

CERTIFICATE OF DEATH.

(Place of Death.) No. On the Brent near Htd. Gen. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)
to which she was being conveyed

Full Name Emma Reed

{ Residence, if in Baltimore, Give Street and Number. } Pleasant Valley Co. C2274

Duration of Residence in Baltimore. In transit to Hospital from this county

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: about 35 yrs ..... years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: — —	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: — — —	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Head Work	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Reed

(Address) 1920 Brent

Filed 7/2 1907 HENRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Blood Poisoning

(DURATION) 10 DAYS

Con'tributory (Primary.) Gun shot wound (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laz. av. (Corner)

Date July 2nd 1907

Place of Burial Gut auburn cemetery

Date July 3 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 2275 Registered No. B ...275

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Hall

{Residence, if in Baltimore, Give Street and Number.} 1533 Bruce st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Feby. 17th 1906	
AGE: 2 years, 4 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Moses Hall	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Mazie Bell	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Hall

(Address) 1533 Bruce st

Filed 7/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30th 1907

I HEREBY CERTIFY, That I attended deceased from ...1907... to ...1907...

that I last saw h... alive on ...1907...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 3 DAYS

Con'tributory (Primary.) dentition

(DURATION) ... DAYS

(Signed) Thos Bardinier M.D.

Address 710 Log. av. Hampden

Date June 30th 1907

Place of Burial Mt. Auburn

Date July 3d 1907

Undertaker Wm. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2276 Registered No. B 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 Pennsa av. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm. Asbury Williams

{ Residence, if in Baltimore, Give Street and Number. } 1421 Penna. av.

Duration of Residence in Baltimore. Life C 2276

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan. 1st 1906

AGE: 1 years, 6 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Asbury Williams

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Jennie Benson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Asbury Williams

(Address) 1421 Pa. Av.

Filed 7/2 1907 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) 60 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) ..... DAYS

(Signed) Silas Bateman M.D.

Address 700 Saf. Av. Canton

Date July 2nd 1907

Place of Burial Mt Peters Cem

Date July 2nd 1907

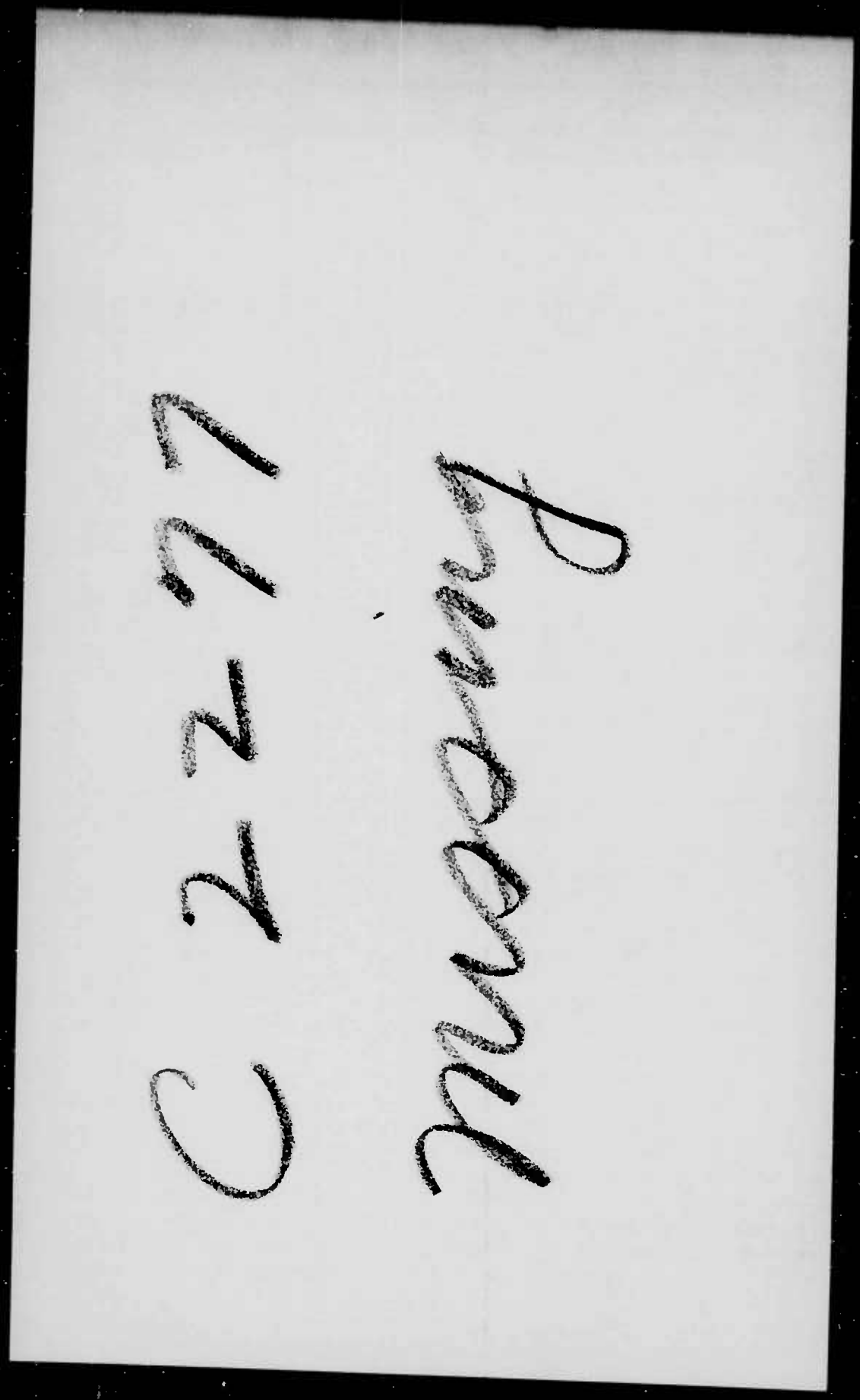
Undertaker John E Hamilton Co

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person
setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***



...Baltimore.

Ward..... C 2278 Registered No. B C 2278

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 S. Port St. St. (If Death occ... Hospital or Insti... give its Name ... of Street and Nu...

Full Name William Garner

{Residence, if in Baltimore, Give Street and Number.} 605 S. Port St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 5th 1907

AGE ....years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Archer Garner

BIRTHPLACE OF FATHER (State or country) Richmond Va.

MAIDEN NAME OF MOTHER Lena Horr

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Garner

(Address) 615 S. Port St.

Filed 7/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to June 30 1907

that I last saw him alive on June 29 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

5' (DURATION) DAY...

Contributory (Primary.) Exhaustion

(DURATION) DAY...

(Signed) A. S. Green M.D.

Address 619 S. Port St.

Date July 1st 1907

Place of Burial Mt. Carmel Cem.

Date July 2 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts.

Address 1708-1710 Eastern Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person cause and date of death.***

Ward ..... Registered No. D .....

C 2279

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Chandler

{ Residence, if in Baltimore, Give Street and Number. } Church Home Infirmary

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1832

AGE: 75 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Rhode Island

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Miss) A. M. Krause

(Address) Church Home & Infirmary

Filed 7/2 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to July 1 1907

that I last saw her alive on June 30 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Exhaustion

(DURATION) 1 Year ~~DAYS~~

Contributory (Primary) Chronic Autonomia

(DURATION) 26 Years ~~DAYS~~

(Signed) [signature] M.D.

Address Church Home & Infirmary

Date July 1 1907

Place of Burial Loudon Park.

Date July 3rd 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry D Weaver

{ Residence, if in Baltimore, Give Street and Number. } 1508 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1.....

AGE 53 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER John Weaver

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Weaver

(Address) 1508 Gough St.

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Hanover St

Date ..... 190 .....

Place of Burial Balto. Cem.

Date July 3rd 1907

Undertaker Trudell Lifsey & Son

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

104 V

(Place of Death.) No. 220 Harrison st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C Kummer

{ Residence, if in Baltimore, Give Street and Number. } 225 Harrison st 261

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 1866

AGE: 40 years, 10 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Kummer

(Address) 225 Harrison st

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from ~~January~~ to ~~June~~ 190..., that I last saw h... alive on ... 190..., and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hanglin M.D.

Address 216 E Caroline st Grove

Date July 1st 1907

Place of Burial St. Vincents Cemetery

Date 3 July 1907

Undertaker Edward J Byrne

Address 302 N Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 7 C 2282 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 E. Monument St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Herman N. Nisson

{ Residence, if in Baltimore, Give Street and Number. } 1218 E. Monument St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	October 7th 1869
AGE	37 years, 8 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Nicholas Nisson
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna Vonderhide
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Letter Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Nisson

(Address) 75 L. st N.E. Wash. D.C.

Filed 7/27 1907 HENRY O. ADDISON, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to July 1 1907 that I last saw h[illegible] alive on June 30 1907, and that death occurred, on the date stated above, at 4.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis 5 (DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) 4 DAYS

(Signed) H. S. Gilroy M.D.

Address 131 E. Pratt St.

Date July 2 1907

Place of Burial Baltimore Cemetery

Date July 3 1907

Undertaker Louis Hermann

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21, Mt. H. C 2283 Registered No. 12/6

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Watson,

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 72 Years

C 2283

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	June 1
AGE	72 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	James Watson
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	United States
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/2 1907 JAMES C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 N. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 30th 1906 to July 1st. 1907 that I last saw h in alive on July 1st. 1907 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

Pyelonephritis.

(DURATION) DAYS

Contributory (Primary.) Aortic Endocarditis

(DURATION) DAYS

(Signed) R. R. Norris M.D.

Address B. V. H.

Date July 2nd. 1907

Place of Burial Green Mt. Cem

Date July 3rd 1907

Undertaker Geo J Smith Co

Address 1050 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 2284 Registered No. B

CERTIFICATE OF DEATH.

Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Helen Duncan

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

C 2284

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Blk.
DATE OF BIRTH: Mar. 20 1907	
AGE: — years, 3 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Abandoned	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison

Filed 7/2 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to July 2 1907 that I last saw her alive on July 1 1907, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 2 1907

Place of Burial New Cathedral Cem.

Date July 3 1907

Undertaker Felix B. Ryle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B [illegible] 54

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wilhelmina Kothe

{Residence, if in Baltimore, Give Street and Number.} 2018 N. Fulton Ave.

Duration of Residence in Baltimore. 65

C 12265

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH [illegible] 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Kothe

(Address) 2018 N. Fulton

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to July 1st 1907 that I last saw he alive on July 1st 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Hemiplegia

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage

Acute Edema (DURATION) DAYS

(Signed) Thos. Jones M.D.

Address 2244 N. Monta

Date July 2nd 1907

Place of Burial Baltimore Cemetery

Date July 3rd 1907

Undertaker Geo. Bentz

Address 594 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 9

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Sarah McCloskey.

{ Residence, if in Baltimore, Give Street and Number. } 1102 Central ave.

Duration of Residence in Baltimore. 45 yrs. C22 96

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C. McCloskey

(Address) 1010 Stirling St.

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3d 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to June 3d 1907 that I last saw h-r alive on June 30 1907 and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dilatation of Left heart

(DURATION) 1 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 8 DAYS

(Signed) Ass't Surg. C. Blake M.D.

Address 1014 N. La Fayette Ave.

Date ~~June 3~~ July 2, 1907

Place of Burial Mount Cathedral Cemetery

Date July 3rd. 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2287 105 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 908 Ensor St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine L. Farrow

{Residence, if in Baltimore, Give Street and Number.} 908 Ensor St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 12th 1907

AGE ..... years, 5 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Farrow

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie M. ~~Schneider~~

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 908 Ensor St

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to ..... 190..

that I last saw h..... alive on July 2 1907, 9a

and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry M. Weisfarth M.D.

Address 1206 E Monument St

Date July 2 1907

Place of Burial St. Peters Cemetery

Date July 3rd 1907

Undertaker Henry Hoeck Son

Address 1201 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C 2288

CERTIFICATE OF DEATH.

1127

(Place of Death.) No. 1307 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Peter Kammer

{Residence, if in Baltimore, Give Street and Number.} 1307 N. Chapel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1848

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry Kammer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Disser

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Kammer

(Address) 1925 E. Biddle St.

Filed 7/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1907

I HEREBY CERTIFY, That I attended deceased from May 13 1907 to July 1 1907 that I last saw him alive on July 1 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerrhosis of Liver

(DURATION) 60 DAYS

Contributory (Primary) Ascites (DURATION) 14 DAYS

(Signed) William Fraces M.D.

Address 1401 N Gay

Date July 1. 1907

Place of Burial Holy Redeemer Cemetery

Date July 4 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2289

City of Baltimore, (No. 784 W Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaiah Walker alias [illegible]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: Unknown 1 — (Month) (Day) (Year)

AGE: 71 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Freeda Carter

(Address) 784 W Saratoga St

Filed 12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to July 1 1907

that I last saw h[illegible] alive on July 1 1907,

and that death occurred, on the date stated above, at 9.30 P.M. The CAUSE OF DEATH was as follows:

Bright's Disease

Paralysis (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) [illegible] M. D.

July 2 1907 (Address) 1313 Mt Auburn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	July 3rd 1907
UNDERTAKER	ADDRESS
William Cook	502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 241 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Infant of Frankford Bessie Alvey
Full Name

{ Residence, if in Baltimore, Give Street and Number. } 241 S. Calhoun St.

C2290

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	June 30th 1907.
AGE	____ years, ____ months, 1 days.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Frank W. Alvey
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Bessie Krouse
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank W. Alvey

(Address) 241 S. Calhoun St

Filed 7/3 1907

HENRY C. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1, 1907

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to July 1 1907 that I last saw h~~im~~ alive on July 1 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanmition

(DURATION) 1 DAYS

Contributory (Primary.) Premature birth 7 months

(DURATION) DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St.

Date July 2, 1907

Place of Burial St Peters Cem

Date 7-3- 1907

Undertaker Robb Brotherson

Address 17 S. Calhoun st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 22[illegible]

CERTIFICATE OF DEATH.

164 V

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Schwartz.

{ Residence, if in Baltimore, Give Street and Number. } 831 N Gay St

Duration of Residence in Baltimore 16 years. C 22911

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Philip Selicklegman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Eta Selicklegman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry Schwartz

(Address) 831 N Gay St

Filed 7/3 1907

HARRY C. ARDENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to July 2 1907 that I last saw her alive on July 2 1907, and that death occurred, on the date stated above, at 3:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Surgical Shock

(DURATION) ..... DAYS

Contributory (Primary) Fracture Femur

(DURATION) 24 DAYS

(Signed) C L Jennings M.D.

Address St Joseph's Hospital

Date July 2 1907

Place of Burial Hebrew Philip Rd Rosedale

Date July 3, 1907

Undertaker Mart Levinson

Address 1620 McCulloh St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CH...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. B C 2292

City of Baltimore, (No. 725, Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa C Kammer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 2 (Month) 2nd (Day) 1878 (Year)

AGE: 29 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Kammer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cecilia Reinhart

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Kammer

(Address) 725 Harlem Ave

Filed 7/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to July 2 1907

that I last saw her alive on July 1 1907,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 9 Mths

Contributory Asthenia (DURATION) 2 days

(Signed) Henry C. O'Neill M. D.

July 2 1907 (Address) 1203 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 4 1907

UNDERTAKER: A Knell & Son — ADDRESS: 807 Columbus Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1206 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence H Bell

{Residence, if in Baltimore, Give Street and Number.} ~~Richmond Va~~ 1206 Sargeant St

Duration of Residence in Baltimore. 1 week C.2293

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 28 1906

AGE — years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER M. W. Bell

BIRTHPLACE OF FATHER (State or country) Centreville Md

MAIDEN NAME OF MOTHER Lena V Ammel

BIRTHPLACE OF MOTHER (State or country) Richmond Va

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena V Ammel

(Address) 1206 Sargeant St.

Filed 7/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to July 2 1907 that I last saw h[illegible] alive on July 1 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

1 month (DURATION) DA[illegible]

Contributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) J. E. Turner M.D.

Address 353 Columbia Ave

Date July 2 1907

Place of Burial London Park Cem.

Date July 4th 1907

Undertaker John F Lowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... C2294

CERTIFICATE OF DEATH.

37

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Edw McCready

{ Residence, if in Baltimore, Give Street and Number. } 104 N Front St

C2294

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	1
AGE	32 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Chas Hollyday, Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 7/3 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st. 1907

I HEREBY CERTIFY, That I attended deceased from June 25th 1907 to July 1st. 1907

that I last saw h[illegible] alive on July 1st. 1907

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) [illegible] M.D.

Address B. V. H.

Date July 2nd. 1907.

Place of Burial Wdlds. Cemetery.

Date July 3 - 1907

Undertaker John D. Dwyer.

Address 923 E. Balto.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 12 C 2295 Registered No. B C 2295

CERTIFICATE OF DEATH.

(Place of Death.) No. 36 Hafer St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Henry ~~Sieght~~ Sieck

{ Residence, if in Baltimore, Give Street and Number. } 36 Hafer St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W hite

DATE OF BIRTH: August 21 1851

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Henry Sieck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gas Lighter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Jane Sieck

(Address) 36 Hafer Street

Filed 7/3 1907 HARRY C. ARDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from June 28, 1907 to July 1st 1907 that I last saw h. im alive on July 1st 1907, and that death occurred, on the date stated above, at 4.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery

(DURATION) 4 DAYS

Contributory (Primary.) Asthenia

(DURATION) 12 hours DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick Ave

Date July 1st 1907

Place of Burial Mount Olivet Cemetery

Date July 3 1907

Undertaker Mrs Geo P Paulus

Address 2101 Frederick Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2296

City of Baltimore, (No. 1630 N. Fulton Ave. St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Kuethe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 13. 1826 (Month) (Day) (Year)

AGE: 81 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wm. Kuethe

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hatter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jno. Riemiller

(Address) 1630 N. Fulton Ave

Filed 7/3 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27th 1907 to July 1st 1907 that I last saw him alive on July 1 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Dysentery.

3 (DURATION) 3 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) Dr. Reinhard M. D.

July 2d 1907 (Address) 1400 Ludlow

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: July 3 1907

UNDERTAKER: W. J. Pickerson

ADDRESS: 425 N. Gaudon

WM. J. C. DULANY CO., BALTIMORE.

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arnold Dennis

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 8 years C22.97

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leiner Bolly Supt.

(Address) BAY VIEW ASYLUM.

Filed 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1, 1907

I HEREBY CERTIFY, That I attended deceased from June 1, 1904 to July 1, 1907 that I last saw him alive on June 30 1907 and that death occurred, on the date stated above, at 5.25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis.

(DURATION) 19 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) H M Dennis M.D.

Address Bay View Asylum

Date July 1. 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date JUL 2 1907 190

Undertaker William H Woodus

Address 180 Aisquith St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

C 2238
1107

(Place of Death.) No. 1107 Hollins St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. J. Kelly

{ Residence, if in Baltimore, Give Street and Number. } 1107 Hollins St

C2286

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, 11 months, 22 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Kelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Duffy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Stone cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Isabella Kelly

(Address) 1107 Hollins St

Filed 7/3 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to July 2 1907

that I last saw him alive on July 1 1907

and that death occurred, on the date stated above, at 2:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) 16 DAYS

Contributory (Primary.) Asthenia & Coma

(DURATION) 7 DAYS

(Signed) Henry C. O'Lee M.D.

Address 1203 N. Fayette St

Date July 2 — 1907

Place of Burial New Cathedral

Date 7/4 1907

Undertaker Wm J Schilling

Address 918 N Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

C 2299

CERTIFICATE OF DEATH.

(Place of Death.) No. 1713 N. Fulton Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ida Virginia Love.

{Residence, if in Baltimore, Give Street and Number.} 1713 N. Fulton Ave.

Duration of Residence in Baltimore. During her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 29 1855

AGE: 51 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James M. Love

BIRTHPLACE OF FATHER (State or country): Harford Co. Md.

MAIDEN NAME OF MOTHER: Ruth M. Cullison

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Childs Medistc.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emma Crouse

(Address) 1713 N. Fulton ave

Filed 7/3 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2nd 1907

I HEREBY CERTIFY, That I attended deceased from June 7th 1907 to July 2nd 1907 that I last saw her alive on July 1st 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from a starvation resulting from the contributory cause of death

(DURATION) about 4 weeks DAYS

Contributory (Primary.) Rheumatoid arthritis or Arthritis deformans (DURATION) about 3½ yrs DAYS

(Signed) M B Hood M.D.

Address 604 N. Gilmor St

Date July 2nd 1907

Place of Burial Loudon Park

Date July 5 1907

Undertaker Chas. E. Trunck

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7K C 2300 Registered No. B C 2300

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Metzgerroff

{ Residence, if in Baltimore, Give Street and Number. } 1351 Aisdale St

Duration of Residence in Baltimore. 1 yr 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept 28 1870
AGE	37 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Wagner
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Katie Wagner.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Packing house worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pete Metzgerroff

(Address) 1351 Aisdale St

Filed 7/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to July 2 1907 that I last saw h er alive on July 1 1907, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Dementia

2 weeks (DURATION) DAYS

Contributory (Primary.) Typhoid, Pneumonia, Pleurisy (DURATION) 22 DAYS

(Signed) Geo H. Pflueger M.D.

Address St Joseph's Hospital

Date July 2 — 1907

Place of Burial Holy Cross Cemetery ~~Sept 10~~

Date July 4 1907

Undertaker Robt J Turnbull

Address #1742 N Bdway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 2301 Registered No. B C 2301

CERTIFICATE OF DEATH.

(Place of Death.) No. 1449 Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Callahan

{Residence, if in Baltimore, Give Street and Number.} 1449 Henry St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: White

DATE OF BIRTH: March 20. 1877

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Phillip Callahan.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Callahan

(Address) (Father)

Filed 3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to July 2 1907

that I last saw h alive on July 1st 1907

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 4 Months

Contributory (Primary)

(DURATION) DAYS

(Signed) T. J. Donnelly M.D.

Address 1305 Charles

Date July 2nd 1907

Place of Burial St Peters Cem

Date July 4. 1907.

Undertaker Davis and M. J. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Report Loose Leaf

C 2302

Registered No. B C 2302

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Percy Shields

{Residence, if in Baltimore, Give Street and Number.} 602 N. Dallas.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	C
DATE OF BIRTH	Dec. 14th 1906
AGE	____ years, 6 months, ____ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Bath
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Littleton Fields
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	May Shields
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grandmother.

(Address) 109 N. Eden St.

Filed 7/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to June 30 1907

that I last saw him alive on 11 30 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Lang M.D.

Address 733 Linganore St

Date July 3 1907

Place of Burial Laurel

Date July 3 1907

Undertaker Eddy Bros

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2303

City of Baltimore, (No. 1280 Battery Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thomas Dean

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: Feb (Month) 3rd (Day) 1833 (Year)
AGE: 74 years, 4 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Virginia
FULL NAME OF FATHER: Stephen Dean
BIRTHPLACE OF FATHER (State or country): Virginia
MAIDEN NAME OF MOTHER: Susan Parson
BIRTHPLACE OF MOTHER (State or country): Mass.
OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dean
(Address) 1280 Battery Ave

Filed 7/3 1907
MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to July 1 1907
that I last saw he alive on June 30 1907,
and that death occurred, on the date stated above, at 7-30 A M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 23 DAYS

Contributory Uremic Toxaemia

(DURATION) 10 DAYS

(Signed) J. K. Wiley M. D.
July 2 1907 (Address) 724 N. Leamy St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	July 3 1907
UNDERTAKER	ADDRESS
John J Fahey	1232 William

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B C 2304

C 2304

CERTIFICATE OF DEATH.

1 V

(Place of Death.) No. 1036 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie B. Seymour

{ Residence, if in Baltimore, Give Street and Number. } 1036 N. Durham st.

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 15, 1885

AGE 22 years, 5 months, 13 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alex. A. Seymour

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Ella Moffett

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex A. Seymour

(Address) 1036 N. Durham

Filed 7/3/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to July 3 1907 that I last saw her alive on July 1st 1907, and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Catarrh

Unknown (DURATION) — DAYS

Contributory (Primary.) Unknown

Unknown (DURATION) — DAYS

(Signed) Edmund Pelton M.D.

Address 1120 N. Gay St

Date July 3rd 1907

Place of Burial Baltimore County

Date July 5, 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 2305 Registered No. B C 2305

CERTIFICATE OF DEATH.

(Place of Death.) No. 2546 Wilkens Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name a. anna Leitz

{ Residence, if in Baltimore, Give Street and Number. } 2546. Wilkens Ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female	COLOR: white
DATE OF BIRTH: May 1st 1842	
AGE: 65 years, 2 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Brunswick, Md.	
FULL NAME OF FATHER: John Poole	
BIRTHPLACE OF FATHER (State or country): Frederick Cy. Md.	
MAIDEN NAME OF MOTHER: L. Ebberts	
BIRTHPLACE OF MOTHER (State or country): Frederick Cy. Md.	
OCCUPATION OF DECEASED: housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H B Leitz

(Address) 2546. Wilkens Ave.

Filed 7/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to 190

that I last saw her alive on July 1st 1907 and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Suffered from "diabetes for about 2 years. Suffered from dullness of mind and heaviness in right leg day before (DURATION) 1 DAYS

Contributory (Primary.) suffered from convulsions terminating in death 11.0. ins on July 1st at 7 P.M. (DURATION) 12 DAYS

(Signed) Th. Hedrick M.D.

Address 2151. Wilkens Ave

Date July 2d 1907

Place of Burial London Park cem

Date July 4th 1907

Undertaker Robb. Brookes Son

Address 17 S. Calhoun st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 2306 Registered No. B C 2306 64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 Prince St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Johnson

{Residence, if in Baltimore, Give Street and Number.} 800 Prince St —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH July 24 1838

AGE 68 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William Smith

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaiah L. Brown

(Address) 108 N. Montgomery St

Filed 7/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 2 1907 that I last saw h alive on July 2 1907 3.30 and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) Jno. G. Stifel M.D. M.D.

Address 708 George St.

Date July 3. 1907

Place of Burial Mount Auburn

Date July 4th 1907

Undertaker Isaiah L. Brown

Address 108 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 2307 — Registered No. B C 2307

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjament J. Clark

{ Residence, if in Baltimore, Give Street and Number. } 501 N. Montford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 14th 1837
AGE	70 years. 2 months. 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	B. J. Clark
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary J. Walker
BIRTHPLACE OF MOTHER (State or country)	New York
OCCUPATION OF DECEASED	Rag dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Clark

Address 503 N. Montford Ave

7/3 1907

HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to July 3 1907

that I last saw him alive on July 3 1907

and that death occurred, on the date stated above, at 11 45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

Mitral regurgitation

2 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 2309 E. Monument st

Date July 3 1907

Place of Burial Oak Lawn Cemetary

Date July 6th 1907

Undertaker Christian Miller

Address 2325 Jefferson St.

W. M. C. GUEANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 2308

Ward 5 C 2308 Registered No. B

CERTIFICATE OF DEATH.

179 ✓

(Place of Death.) No. 603 Aisquith St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Giles

{Residence, if in Baltimore, Give Street and Number.} 603 Aisquith St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 7th March 1907

AGE: — years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: August Giles

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Harriet E Scott

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet E Giles

(Address) 603 Aisquith St

Filed 7/3 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1907

I HEREBY CERTIFY, That I attended deceased from July 2nd 1907 to July 2nd 1907 that I last saw her alive on " " 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

3 Months (DURATION) — DAYS

Con'rlbutory (Primary.) Exhaustion (DURATION) DAYS

(Signed) F. A. Sauer M.D.

Address 1400 Jefferson

Date July 3rd 1907

Place of Burial Laurel Cemetery

Date July 3rd 1907

Undertaker R A Elliott

Address 500 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2309 Registered No. B C 2309

95 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nora Diggin

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf Asy l

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 13 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 3 1907 that I last saw h.. alive on July 2 1907, and that death occurred, on the date stated above, at 8 a— M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette Ave

Date July 3 1907

Place of Burial New Cathedral

Date July 3rd 1907

Undertaker Martin Fahey & Sons

Address 416 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2310 Registered No. B C 2310

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecelia Cecil

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/3 1907 HARRY C. ARENTS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) R. Martin M.D.

Address .....

Date July 3 1907

Place of Burial New Cathedral

Date July 3rd 1907

Undertaker Hunter Foley & Sons

Address 611 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2311 Registered No. B C 2311

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Blake

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. Vincent's Orphanage

Filed 7/3 1907

HARRY O. ARNOLD, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Duration

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. F. Martin M.D.

Address

Date July 3 1907

Place of Burial New Cathedral

Date July 3rd 1907

Undertaker Albert F. Dabney & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, from notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2312

Registered No. B.....

City of Baltimore, (No. 203 N Broadway, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Meyer Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 13 (Day) 1843 (Year)

AGE: 64 years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Hirsh Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Zerlina Kahn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Meyer Adams

(Address) 203 N Broadway

Filed July 4 1907 C.H.C.P. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to July 2 1907 that I last saw h-r alive on " 1 1907 ", and that death occurred, on the date stated above, at 7.30 a. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

1 yr (DURATION) ..... DAYS

Contributory Cardiac Exhaustion

(DURATION) ..... DAYS

(Signed) Jno E Brooks M. D.

July 3 1907 (Address) 1713 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Fifth Sunday

DATE OF BURIAL: July 4 1907

UNDERTAKER: J Strenglo

ADDRESS: 754 Eutaw

WM. J. C. DULANY CO., BALTIMORE

deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. B C 2313

51

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Crane

{Residence, if in Baltimore, Give Street and Number.} Boston Mass

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 9 1882

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mass

FULL NAME OF FATHER: Frank Crane

BIRTHPLACE OF FATHER (State or country): Ill

MAIDEN NAME OF MOTHER: Ella Strebel

BIRTHPLACE OF MOTHER (State or country): Ill

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Crane

(Address) Boston Mass

Filed July 4th 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to July 3rd 1907

that I last saw her alive on July 3rd 1907

and that death occurred, on the date stated above, at 4.55 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs, Acute Dilatation of Heart (Operation for Exophthalmic Goitre)

(DURATION) 1 DAYS

Contributory (Primary.) Acute Hyperthyroidism

(DURATION) 2 DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hospital

Date July 3 1907

Place of Burial Boston Mass

Date July 4 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 2314

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael Pilski

{ Residence, if in Baltimore, Give Street and Number. } # 1632 Alice anna St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Vincent Pilski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Bronislawa Grabecka

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Pilski

(Address) 1632 Alice anna

Filed July 4 1907

6486 B

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 2 1907 that I last saw h im alive on July 2 1907, and that death occurred, on the date stated above, at 8½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St.

Date July 3 1907

Place of Burial Holy Rosary

Date July 4th 1907

Undertaker Jacob Fialkowski

Address 428 S Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — Registered No. B C 2315

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1422 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary McCabe

{Residence, if in Baltimore, Give Street and Number.} 1422 Bank St

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 16 1871

AGE 35 years, 8 months, 16 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ ?

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Finnegan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1422 Bank St

Filed 7/4 1907

Dr Parker

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1906 to July 2nd 1907 that I last saw her alive on July 2 1907 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Pulmonalis

(DURATION) 10 mos DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Augusta St

Date July 3rd 1907

Place of Burial Cathedral Cemy

Date July 5 1907

Undertaker P. C. Wiedefeld

Address 914 E Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 2316

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anthony Mathews

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX | COLOR Blk

DATE OF BIRTH June 3 1907

AGE — years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7 4 1907 Registrar

277

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to July 3 1907 that I last saw him alive on July 2 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date July 3 1907

Place of Burial New Cathedral Cem

Date July 4. 1907

Undertaker Eug. J. Ryan

Address 218 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2317 Registered No. B C 2317

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Dickerson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem.
COLOR	Blk.
DATE OF BIRTH	May 24 1907
AGE	— years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/4 1907 Registrar

2 x 2

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1907 to July 3 1907 that I last saw her alive on July 2 1907, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 3 1907

Place of Burial Mount Pleasant Cem.

Date July 4 1907

Undertaker Julia D. Pyatt

Address 12 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2318 Registered No. B C 2318

CERTIFICATE OF DEATH.

142

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John M. Fort

{Residence, if in Baltimore, Give Street and Number.} 421 N. Calvert

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Fort

(Address) 421 N Calvert St

Filed 7/4 1907 Registrar 340

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to July 3 1907

that I last saw h im alive on July 3 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia due to

Gangrenous Leg.

(DURATION) 35 DAYS

Con'tributory (Primary.)

Exposure (DURATION) — DAYS

(Signed) H N Eaker M.D.

Address City Hospital

Date July 3 1907

Place of Burial Loudon Park Cemetery

Date July 5th 1907

Undertaker William Cook

Address 502 E North Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 2319 Registered No. B C 2319

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name E Leland Shackelford

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 33 days.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 23 1885
AGE	21 years, 6 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Chas L Shackelford
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Leroy L Lukan

(Address) 723 W Mulberry

Filed 7/14 1907

Registrar

7411

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2, 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to July 2 1907 that I last saw h in alive on July 2 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Sepsis

(DURATION) 7 DAYS

Contributory (Primary.) Tuberculosis

Three months (DURATION) DAYS

(Signed) Robt C. Bay M.D.

Address University Hospital

Date July 2 1907

Place of Burial White Stone Lancaster Co Va

Date July 4 — 1907

Undertaker E W Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1136 N Monroe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wealthyanna Little

{ Residence, if in Baltimore, Give Street and Number. } 1136 N Monroe St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 14 1850

AGE 56 years, 10 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md.

FULL NAME OF FATHER Josiah Wheeler

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Elizabeth Wheeler

BIRTHPLACE OF MOTHER (State or country) Balto Co Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Little

(Address) 1136 N Monroe

Filed 7/4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 2 1907

that I last saw h.. alive on July 2 1907,

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Geo I Young M.D.

Address 1735 N Broadway

Date July 3. 1907

Place of Burial Mt Carmel Balto Co Md

Date July 5 1907

Undertaker Joseph B Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 2321 Registered No. B C 2321 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1343 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Pearson

{Residence, if in Baltimore, Give Street and Number.} 1343 Ward St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH	Dec 5 1871
AGE	29 years, 6 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore MD
FULL NAME OF FATHER	James Pearson
BIRTHPLACE OF FATHER (State or country)	Baltimore MD
MAIDEN NAME OF MOTHER	Mary E Hardy
BIRTHPLACE OF MOTHER (State or country)	Baltimore MD
OCCUPATION OF DECEASED	Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Pearson

(Address) 1343 Ward St.

Filed 7/4 1907 Registrar

FILED CLERK

2 DA

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to July 2 1907 that I last saw h[illegible] alive on July 2 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

2 1/2 Months (DURATION) DAYS

Contributory (Primary.) Carcinoma

1 day (DURATION) DAYS

(Signed) J. E. Mure M.D.

Address 855 Columbia Ave

Date July 5 1907

Place of Burial Western Run.

Date July 5 1907

Undertaker Job B Cook

Address 1003 Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2322

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2322

Registered No. B .....

City of Baltimore, (No. 1127 Mason alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert-Morrison Ackwood.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: Black.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married-

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert M. Ackwood.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Jane Squirrel -

BIRTHPLACE OF MOTHER (State or country): Md (?)

OCCUPATION OF DECEASED: Porter -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Foster Robert Ackward

(Address) 1127 Mason alley

Filed 7/4 190 7 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1907 to July 2 1907 that I last saw him alive on June 29 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis - X

Since Nov. 1906. (DURATION) ..... DAYS

Contributory Exhaustion -

(DURATION) 4 DAYS

(Signed) E. L. Whitney - M. D.

July 2 1907 (Address) 1103 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 4 1907

UNDERTAKER: R A Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

* I was never able to demonstrate the tubercle bacillus - E. L. Whitney.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2328 Registered No. B C 2328

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. 1008 Wagon al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Fountain

{Residence, if in Baltimore, Give Street and Number.} 1008 Wagon Al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown

AGE 54(?) years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER W. H. Nelson

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Fountain

(Address) 1106 Wagon al

Filed 7/4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to July 2 1907 that I last saw h[illegible] alive on July 2 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Asthenia

6 mos (DURATION) ..... DAYS

Contributory (Primary.) Asthenia

2 mos (DURATION) ..... DAYS

(Signed) W H Howard M.D.

Address 1397 W Fay Ellen St

Date July 3 1907

Place of Burial Laurel Cemetery

Date July 5 1907

Undertaker R S Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 2324 Registered No. B C 2324

CERTIFICATE OF DEATH.

Place of Death.) No. 1124 Laurel St. St. (If Death occurred in flospitaf or institution, give its Name instead of Street and Number)

Full Name Louis C. Sheise

{ Residence, if in Baltimore, Give Street and Number. } 1124 Laurel St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 8th 1859

AGE: 48 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert Sheise

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Box Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Sheise

(Address) 1124 Laurel St.

Filed 1/4 190 7 Registrar

7 x 9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Apr 190 7 to June 190 7

that I last saw him alive on Jun 23d 190 7,

and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

(DURATION) DAYS

Contributory (Primary.) Inanition

(DURATION) DAYS

(Signed) Howard A. Silver M.D.

Address 1914 Bullman Pl

Date Jun 2n 190 7

Place of Burial Balto. Cem

Date 7/4/07 190

Undertaker J. H. Herwig & Son

Address 2008 Allens Ln

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2325 Registered No. B C 2325

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 Bank St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Liddy Münch

{Residence, if in Baltimore, Give Street and Number.} 1513 Bank St

Duration of Residence in Baltimore. 5 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 1st 1882

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr P. Munch

(Address) 1513 Bank St

Filed 7/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to July 2 1907 that I last saw her alive on July 1st 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonalis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. V. Mickey M.D.

Address 25 Hendenson Ave

Date July 4th 1907

Place of Burial 1st German

Date July 4 1907

Undertaker W Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 2326

Registered No. B .....

CERTIFICATE OF DEATH.

C 2326

(Place of Death.) No. 734 Light St

St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ellen A. Foreman

{ Residence, if in Baltimore, Give Street and Number. } 734 Light St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 24 1845

AGE 62 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Hall

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Budget White

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alberta Lauckner

(Address) 734 Light St

Filed 7/4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1907 to July 3rd 1907

that I last saw h[er] alive on July 2nd 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 7 Mos

Contributory (Primary)

(DURATION) ... DAYS

(Signed) J. O'Donnell M.D.

Address 1340 S Charles St

Date Baltimore Md 1907

Place of Burial Detention Md

Date ... 190...

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5

C 2527 Registered No. B C 2527

CERTIFICATE OF DEATH.

(Place of Death.) No. 1814 N. Appleton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond Damast

{Residence, if in Baltimore, Give Street and Number.} 1814 N. Appleton St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 3 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frederick W Damash Jr

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Madalene Cook

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred W Damash Jr

(Address) 1814 N Appleton St

Filed 7/4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4/07. 190

I HEREBY CERTIFY, That I attended deceased from July 3/07 190 to July 4/07. 190

that I last saw him alive on July 3/07 190,

and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Undeveloped Heart

Lifetime (DURATION) DAYS

Contributory (Primary) Asphyxia

(DURATION) 1 DAYS

(Signed) E. D. Ellis M.D.

Address XXXX 0 915 Light St.

Date July 4/07 190

Place of Burial

Date 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2328 Registered No. B ..... C 2328

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1030 Mc Donough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert J. Stout

{Residence, if in Baltimore, Give Street and Number.} 1030 Mc Donough St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 10th 1906

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Stout

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Ella Malloy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F Taylor M.D

(Address) 1254 N. Broadway

Filed 7/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 4 1907 that I last saw him alive on July 3 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Enteritis

(DURATION) 5 DAYS

(Signed) Geo F Taylor M.D.

Address 1254 N. Broadway

Date July 4th 1907

Place of Burial Holy Cross

Date July 5th 1907

Undertaker Geo M Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C 2329 — Registered No. B C 2329

9 V V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Morris

{Residence, if in Baltimore, Give Street and Number.} 1210 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 19th 1907

AGE: ..... years, 4 1/2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Alfred J. Morris

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Catherine Kraetel

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1210 E. Eager St

Filed 7/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 17th 1907 to July 3rd 1907

that I last saw him alive on July 3 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs Pneumonia

(DURATION) 16 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) Leonard M. C. Parker M.D.

Address 1051 Acquith St

Date July 3rd 1907

Place of Burial Holy Redeemer

Date July 5 1907

Undertaker Henry Koeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2330 Registered No. B C 2330

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 116 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Green

{Residence, if in Baltimore, Give Street and Number.} 116 S. Calhoun

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 3 1836

AGE: 70 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Boston Mass

FULL NAME OF FATHER: Joseph. Green

BIRTHPLACE OF FATHER (State or country): Boston Mass.

MAIDEN NAME OF MOTHER: Abagail. Green.

BIRTHPLACE OF MOTHER (State or country): Boston Mass.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Susan Nichols

(Address) 116 S. Calhoun St.

Filed 7/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 3 days

Signed Thomas C. Jones M.D.

Address Coroners Office

Date July 4th 1907

Place of Burial Balto Cemetery

Date July 5 1907

Undertaker Josiah Sykes

Address 1600 N. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2331 Registered No. B ..... C 2331

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 S. Duncan St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fiedler

{Residence, if in Baltimore, Give Street and Number.} 209 S. Duncan St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Feb. 20 1907

AGE: — years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Albert Fiedler

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Ida Dombroski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Fiedler

(Address) 209 S. Duncan St.

Filed 7/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 4 1907

that I last saw h[illegible] alive on July 4 1907,

and that death occurred, on the date stated above, at [illegible]

I. CAUSE OF DEATH (Secondary or Immediate.)

[illegible]

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date July 1907

Place of Burial Holy Redeemer Cem.

Date July 5th 1907

Undertaker Germanus Franck

Address Dantz & Wolf Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2332 Registered No. B C 2332

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Kirchner

{Residence, if in Baltimore, Give Street and Number.} 615 N. Castle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Aug 26 1906

AGE: — years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Michael Kirchner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emiguntha Hoffler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kirchner

(Address) 615 N. Castle St.

Filed 7/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from June 30th 1907 to July 4th 1907

that I last saw h alive on July 3rd 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Toxic Entero Catarrh

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. A. Stoner M.D.

Address 1501 Eutaw St

Date July 4th 1907

Place of Burial Holy Redeemer Cem.

Date July 6th 1907

Undertaker Germanus Franco

Address Bank & Wolf Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2333 Registered No. B C 2333

132

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lollie Heine

{Residence, if in. Baltimore, Give Street and Number.} 1028 W. Barre St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 11 1882

AGE: 25 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John J. Heine

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Freda Mahr.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F. Heine

(Address) 1028 W. Barre St

Filed 7/5 1907

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3, 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 3 1907 that I last saw her alive on July 3 1907, and that death occurred, on the date stated above, at 8 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Peritonitis

(DURATION) 3 DAYS

Contributory (Primary.) Ruptured Pyo-Salpinx (DURATION) 28 DAYS

(Signed) Geo. R. Jones, M.D.

Address Md. Homoeopathic Hospital

Date July 3 1907

Place of Burial Western Cemetery

Date July 6 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Remove to 1003 W Balto and 1028 W Barre St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 2334 Registered No. B C 2334

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Roman Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Conroy

{ Residence, if in Baltimore. Give Street and Number. } 162 Exeter St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Patrick Conroy.

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Martha Johnson

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Conroy

(Address) 1201 Federal St.

Filed 11 5 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 4 1907 that I last saw h in alive on July 4 1907, and that death occurred, on the date stated above, at 2. 20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Jennings M.D.

Address St Josephs Str. Hospital

Date July 4 1907

Place of Burial Holy Cross

Date July 6 1907

Undertaker William Cook

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Louis Grauding

{ Residence, if in Baltimore, Give Street and Number. } 312 S. Patterson Park. ave.

Duration of Residence in Baltimore. 41

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas. Grauding

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Christina Grauding

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles V Berkmeier

(Address) 312 S Pat Ave.

Filed 7/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to July 3 1907 that I last saw h in alive on July 3 1907 and that death occurred, on the date stated above, at 8.45 P M, CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

6 days (DURATION) DAYS

Contributory (Primary) Chronic Nephritis

3 years (DURATION) DAYS

(Signed) Neil C. Blake M.D.

Address 1614 N La Fayette

Date July 3 1907

Place of Burial Mt Carmel

Date July 6. 1907

Undertaker Evan Bach

Address 1026 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 2336 Registered No. B C 2336

CERTIFICATE OF DEATH.

(Place of Death.) No. 1357 N. Gloctor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Priscilla Dyer

{Residence, if in Baltimore, Give Street and Number.} 1357 N. Gloctor

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Major Russell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dr Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dyer

(Address) 1357 N. Gloctor St

Filed 7/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 4 1907 that I last saw h[illegible] alive on July 3 1907 and that death occurred, on the date stated above, at 1-10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Yellow Jaundice 1
Heart failure
Complication of diseases

(DURATION) 8 DAYS

Contributory (Primary) to Heart

(DURATION) 8 DAYS

(Signed) Jno. W. Howard M.D.

Address 708 Ensor St

Date July 4 1907

Place of Burial Mt Auburn

Date July 6 1907

Undertaker Alex Hemsley

Address 518 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — C 2337 — Registered No. B C 2337

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 N Gay St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard W. Dreeher

{Residence, if in Baltimore, Give Street and Number.} 1126 N. Gay St

Duration of Residence in Baltimore. 24 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 3 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Dreeher

BIRTHPLACE OF FATHER (State or country) Hanover Pa

MAIDEN NAME OF MOTHER Margaret Boyce

BIRTHPLACE OF MOTHER (State or country) Hanover Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Dreeher

(Address) 1125 N. Gay st

Filed 7/5 1907

HARRY C. ABRAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 4 1907 that I last saw him alive on July 4 1907 and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 hours DAYS

Con'ributory (Primary.) Hard Labor

(DURATION) 3 days

(Signed) Ed. Peterson M.D.

Address 1103 N Eden St

Date July 4 1907

Place of Burial Baltimore Cemetery

Date July 5 1907

Undertaker Henry Lutz

Address 1007 W. Bend st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2338 Registered No. B C 2338

17 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. Lee

{Residence, if in Baltimore, Give Street and Number.} 6 W. York St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Calvert Co. Md

FULL NAME OF FATHER: Jas. T. Jackson

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

MAIDEN NAME OF MOTHER: Martha B. Johnson

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Wm Jackson

(Address) 209 N Montgomery

Filed 7/5/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 3 1907

that I last saw her alive on July 2 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edw. Smith M.D.

Address 538 Hanover St.

Date July 4 1907

Place of Burial Governors Pk Col. Co. Md

Date July 6 1907

Undertaker Jno H. Jordan

Address 1142 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2339 Registered No. B C 2339

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 Girard Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. H. Breithaupt

{ Residence, if in Baltimore, Give Street and Number. } Manchester, Carroll Co. Md.

Duration of Residence in Baltimore. Nonresident

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	82 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Hanover Germany
FULL NAME OF FATHER	Henry Breithaupt
BIRTHPLACE OF FATHER (State or country)	Hanover Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo C Breithaupt

(Address) 218 Girard Ave

Filed 7/5/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from Colonic Case to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from fracture Skull produced by accidental fall from roof (DURATION) — DAYS

Contributory (Primary.) (DURATION) — DAYS

(Signed) Benj. S. Hayden Coroner M.D.

Address 1216 N Caroline St.

Date July 6 1907

Place of Burial Greenmount Carroll Co Md

Date July 5 1907

Undertaker John E Hough Co

Address 1423 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2340 Registered No. B C 2340

CERTIFICATE OF DEATH.

17 ✓

(Place of Death.) No. 225 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Cathine Mc Mullen

{Residence, if in Baltimore, Give Street and Number.} 225 N. Fremont St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas J. Mullen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cathine Lamb

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Mullen

(Address) 225 N. Fremont St

Filed 7/5 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to July 2 1907 that I last saw h r alive on July 2 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

Pulmonalis

(DURATION) 60 DAYS

Contributory (Primary.) Asthenia

1 year (DURATION) DAYS

(Signed) J Norwood M.D.

Address 939 or Fay Balto

Date July 4 1907

Place of Burial Jew ~~Catholic~~ Cathedral

Date ~~Aug~~ 7 1907

Undertaker John J Cowan

Address 701 Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2341 Registered No. B C 2341

CERTIFICATE OF DEATH.

Place of Death.) No. 309 E. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F. Einolf

{ Residence, if in Baltimore, Give Street and Number. } 309 E. Monroe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1863

AGE 44 years. months. days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Conrad Einolf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Cathrine Naumann

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Coulston

Address 309 E Monroe St.

Filed 7/5/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr C Hall

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3, 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to July 3 1907 that I last saw him alive on July 3 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

(DURATION) 180 DAYS

Contributory (Primary) ~~—~~

(DURATION) DAYS

(Signed) M. A. O'Neill M.D.

Address 1315 Hollins St

Date July 4 1907

Place of Burial Loudon Park

Date July 6 1907

Undertaker John F. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2342 Registered No. B C 2342

CERTIFICATE OF DEATH.

(Place of Death.) No. 2110 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna K. Brill

{ Residence, if in Baltimore, Give Street and Number. } 2110 E. Madison st

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 7 1907
AGE	— years — months 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	John Brill
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Josephine Fornoff.
BIRTHPLACE OF MOTHER (State or country)	Baltimore City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brill

Address 2110 E. Madison st

Filed 7/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to July 4 1907

that I last saw her alive on July 3 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentary

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alex S Sagl M.D.

Address 727 N Broadway

Date 7/4/07 1907

Place of Burial Baltimore Cemetary

Date July 6th 1907

Undertaker Christian Miller

Address 1334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 2343

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2343

City of Baltimore, (No. 1518, Federal Pl St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augustine Mary Bena

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 4 Month 1 (Month) (Day) Year)

AGE 7 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Eugene Bena

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Margaret Schlude

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) a Bena

(Address) 1518 Federal Pl

Filed 6/5 1907 HARRY O. ANDREWS, PERMIT CLERK. G. R. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 4 1907 that I last saw her alive on July 4 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Whooping Cough

(DURATION) 18 DAYS

Contributory Exhaustion

(DURATION) 18 DAYS

(Signed) A. Manchester M. D.

July 3 1907 (Address) 1542 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Redeemer | DATE OF BURIAL July 6 1907

UNDERTAKER Robt. J. Turner | ADDRESS 1442 W. Baltimore

Robt. J. Turner

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 2344

City of Baltimore, (No. 821 N Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Jr. Dina (Shina)

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	January 15 1863 (Month) (Day) (Year)
AGE	44 years, 5 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Bohemia
FULL NAME OF FATHER	Anton Dina
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	Marie Mladejovska
BIRTHPLACE OF MOTHER (State or country)	Bohemia
OCCUPATION OF DECEASED	Restaurant 1302 N Caroline St. Doctor Grove Balto

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Emil Dina

(Address) 830 N Bond.

Filed 6/5 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to July 3 1907 that I last saw h im alive on July 3 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Hypertrophy of Heart
Chronic Inflammation of Kidneys & Liver, with Sarcidiae & arteric-sclerosis
6 mos (DURATION) 0 DAYS

Contributory Failure of Heart
(DURATION) 2 DAYS

(Signed) Benj F Grove. M. D.

July 4 1907 (Address) 1302 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Hill	July 6 1907
UNDERTAKER	ADDRESS
Grant & Bracht	1904 Eshland

Ward 7

C 2345 Registered No. B C 2345

CERTIFICATE OF DEATH.

6/V

(Place of Death.) No. 207 N. McComas St.

Full Name Mary Elizabeth Evans

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } 207 N. McComas St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH ~~July 4th 1907~~

AGE — years, 22 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm. O. Evans

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Annie B. Groscup.

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. O. Evans

(Address) 207 N. McComas St

Filed 7/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from May 16th 1907 to July 4th 1907

that I last saw her alive on July 3rd 1907

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 49 DAYS

Contributory (Primary.)

(DURATION) 1 DAYS

(Signed) J. F. Hawkins M.D.

Address Fleet & Light Sts

Date July 4th 1907.

Place of Burial Loudon Park.

Date July 6th 1907

Undertaker Jos Stanchek

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2346

Registered No. B.....

City of Baltimore, (No. 209 E. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Melville G. Green

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH ~~July~~ Dec 4 1851
(Month) (Day) 1907 Year

AGE 55 years, 6 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt. Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Balt. Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. B. Burgess

(Address) 411 N. Charles St

Filed 5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ....., 1901 to ..... 1907 ..... that I last saw h[im] alive on July 3 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

6 yrs. (DURATION) ..... DAYS

Contributory —

..... (DURATION) ..... DAYS

(Signed) H. T. Reynolds M. D.

July 4 1907 (Address) 2004 St. Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Green Mt Cem — DATE OF BURIAL July 6 1907

UNDERTAKER Geo J Smith Co — ADDRESS 10 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Ward 24. 7. m. C 2347 Registered No. B C 2347

CERTIFICATE OF DEATH.

66V

(Place of Death.) No. Boy Vier Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Batchelor.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Gaeul

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Schwartz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) [illegible] ASYLUM.

Filed 7/5 1907

J. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd. 1907

I HEREBY CERTIFY, That I attended deceased from 3-15- 1897 to July 3rd. 1907 that I last saw her alive on July 3rd 1907 and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) R. R. Vansant M.D.

Address Boy Vier Hospital

Date July 3rd. 1907.

Place of Burial Mt. Matheus Cem

Date July 5 1907

Undertaker H. Handel & Son

Address 1710 Carlton Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

C 2348 Registered No. B C 2348

CERTIFICATE OF DEATH.

(Place of Death.) No. 623 E. Fayette St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Nellie E. Kilgore

{Residence, if in Baltimore, Give Street and Number.} 623 E. Fayette St

~~Duration of~~ Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Stevens

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Kilgore

(Address) 623 E Fayette

Filed 7/5 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to July 4 1907

that I last saw h Sr alive on July 4 1907,

and that death occurred, on the date stated above, at 4:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. B. Garrison M.D.

Address 1257 N. Broadway

Date July 4 1907

Place of Burial New Cathedral

Date July 6 1907

Undertaker Jos. B. Cook

Address 1003 N. Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 2349 Registered No. B C 2349

CERTIFICATE OF DEATH.

27 W. C.

(Place of Death.) No. 1033. Wagon alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1033 Wagons

Duration of Residence in Baltimore. 7 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt city

FULL NAME OF FATHER William Johnson

BIRTHPLACE OF FATHER (State or country) Balt City

MAIDEN NAME OF MOTHER anna Gumby

BIRTHPLACE OF MOTHER (State or country) Balt city

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) anna Johnson

(Address) 1033 Wagon ally

Filed 7/5 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from Chas Conner 190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 2.35 a M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

5 mo

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos Jones M.D.

Coroners Phy

Address

Date July 3rd 1907

Place of Burial Mount Auburn Cemetery

Date July 6 1907

Undertaker Jos H Owen & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 17 C 2350 Registered No. B C 2350
12 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 672 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Madden

{Residence, if in Baltimore, Give Street and Number.} 672 Sarah Ann

Duration of Residence in Baltimore. 66 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Maccaby

BIRTHPLACE OF MOTHER (State or country) Balts City

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Otho

(Address) 672 Saraham St.

Filed 7/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to July 4 1907 that I last saw h— alive on July 3 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Avarian Cyst Malignant

3mos (DURATION) DAYS

Contributory (Primary) Asthenia

3mos (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 739 N Fayette St

Date July 5 1907

Place of Burial Mount Auburn

Date July 6 1907

Undertaker J. H. Curnot Son.

Address 1222 Division St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 25 — C 2351 — Registered No. B C 2351

9V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Mack

{Residence, if in Baltimore, Give Street and Number.} 1617 Alicanna St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank Mack.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Katie Petrino.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Mack.

(Address) 1617 Alicanna St

Filed 7/5 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 5 1907 that I last saw h[illegible] alive on July 4 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus
Complicating
Asphyx

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) C. C. Rusk M.D.

Address Ivon E. Balt. St

Date July 5 1907

Place of Burial

Date 190

Undertaker

Address 703 E. Ann St.

3 P.M.

JUL 5 - 1907 — M. J. SAULSON

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2352 Registered No. B C 2352

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 123 E. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Neumann

{ Residence, if in Baltimore, Give Street and Number. } 123 E. West st

Duration of Residence in Baltimore. ~~Life~~ time 16 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan 27 1886
AGE	21 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Frank Neumann.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Barbara Neuman
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Frank Neumann Father)

(Address 123 E West St

Filed 7/5 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 19th 1907 to July 3rd 1907

that I last saw him alive on July 3rd 1907,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart

One Month (DURATION) ..... DAYS

Contributory (Primary.)

Prostration (DURATION) 8 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 N. Paca st.

Date July 5th 1907

Place of Burial Holy Cross R.C.

Date July 6 1907

Undertaker E. Wade

Address 115 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2353 Registered No. B C 2353

CERTIFICATE OF DEATH.

11v

(Place of Death.) No. 2208 E Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hermina Kemmerzell (Kemmerzell)

{Residence, if in Baltimore, Give Street and Number.} #2208 E Monument St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Mar 22nd 1895 1

AGE 12 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Anton Kemmerzell

BIRTHPLACE OF FATHER (State or country): Germeny

MAIDEN NAME OF MOTHER: Hermina Koehler

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hermina Kemmerzell

(Address) 2208 E. Monument St

Filed 7/5 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to July 3 1907 that I last saw h[er] alive on June 3 1907, and that death occurred, on the date stated above, at 9:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart disease

3 Mos (DURATION) DAYS

Con[tributory] (Primary.) Chorea Gerad

years ago (DURATION) DAYS

(Signed) Wm J Watson M.D.

Address 1nda 5 W Preston St

Date July 5 1907

Place of Burial Oak Lawn Cem

Date 7/6/07 190

Undertaker J Sterrig Hare

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2354 Registered No. B C 2354

CERTIFICATE OF DEATH.

(Place of Death.) No. 1645 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert E Boyer

{Residence, if in Baltimore, Give Street and Number.} 1645 Covington St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 10th 1865
AGE	42 years, 3 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Frederick City Md.
FULL NAME OF FATHER	Wm Boyer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Katie Boyer

(Address) 1645 Covington

Filed 7/5 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from 3/28 1907 to 7/5 1907 that I last saw h alive on 7/5 1907, and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

6 Months (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Dunkinston M.D.

Address 1 E Fort

Date 7/5 1907

Place of Burial Louden Park

Date July 7 1907

Undertaker E. J Fanning

Address 1466 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2353 Registered No. B 1907

CERTIFICATE OF DEATH.

Place of Death.) No. 1719 Linden ave - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mollie M. Lucas

{Residence, if in Baltimore, Give Street and Number.} 1719 Linden ave

Duration of Residence in Baltimore. Life

C. 2353

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	June 1 = 1865
AGE	42 years, 1 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	John G. Dillehunt
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Mary E. Kinsey
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Dillehunt

Address 1719 Linden ave

Filed 7/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to July 5 1907 that I last saw h[er] alive on July 4 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Idiopathic Facial Erysipelas (virulent type)

(DURATION) 15 DAYS

Contributory (Primary.) Pyaemic infection

(DURATION) 15 DAYS

(Signed) John D. King M.D.

Address 1425 Eutaw Place

Date July 5 1907

Place of Burial Green Mount.

Date July 7 1907

Undertaker Chas. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2356

Registered No. B C 2356

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Clara Schantz

{Residence, if in Baltimore, Give Street and Number.} Havre de Grace Md.

Duration of Residence in Baltimore. 1 day —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 13 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S—

BIRTHPLACE (State or country): Md—

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: School girl.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. L. Pennington

(Address) Havre De. Grace Md.

Filed 7/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 4 1907 that I last saw h alive on July 4 1907 and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Appendicitis & Peritonitis

(DURATION) 7 DAYS

Con'tributory (Primary.) Shock —

(DURATION) 1 DAY

(Signed) H. W. Eshen M.D.

Address City Hospital

Date July 5 1907

Place of Burial Havre De. Grace

Date July 5 1907

Undertaker Jno. H. Sowden

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 2357 Registered No. B C 2357

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 N Carolina St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Palmer.

{Residence, if in Baltimore, Give Street and Number.} 206 N Carolina St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH Born Dec 28 1906

AGE ____ years, 5 months, ____ days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Harry Palmer

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Louisa Brann

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Palmer

(Address) 206 N Carolina St

Filed 7/6 1907 HARRY [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____ that I last saw h ~~alive~~ on ____ 190 ____, and that death occurred, on the date stated above, at ____

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date July 5 07 1907

Place of Burial Laurel Cemetery

Date July 6 1907

Undertaker Theodore W Tittle

Address 1702 Eagle St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Ward 17 C 2358 Registered No. B C 2358

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bernardine Johnson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Blk

DATE OF BIRTH: May 27 1907

AGE: — years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas McClannan

(Address) 2005 Madison Ave.

Filed 7/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to July 4 1907

that I last saw her alive on July 3 1907,

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas McClannan M.D.

Address 2005 Madison Ave

Date July 5 1907

Place of Burial Cathedral

Date July 8th 1907

Undertaker Felix R Pye

Address 122 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V

C 2359

Registered No. B C 2359

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E. Mountaine

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: May 8 1907

AGE: — years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mc Glennan

(Address) 2005 Madison Ave.

Filed 7/6/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from May 16 1907 to July 5 1907 that I last saw him alive on July 3 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 50 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Mrs Mc Glennan M.D.

Address 2005 Madison Ave

Date July 5 1907

Place of Burial Cathedral

Date July 6 1907

Undertaker Felix Doyle

Address 122 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 2360 Registered No. B

47 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgiana Nichols

{ Residence, if in Baltimore, Give Street and Number. } 1405 Mulliken street

Duration of Residence in Baltimore. 8 yrs

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Female	DATE OF DEATH	July 3rd 1907
COLOR	Colored		
DATE OF BIRTH	— 1	I HEREBY CERTIFY, That I attended deceased from June 19th 1907 to July 3rd 1907 that I last saw h[illegible] alive on July 3rd 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)	
AGE	80 years, months, days		
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow	Endocarditis (DURATION) 14 DAYS	
BIRTHPLACE (State or country)	Md	Contributory (Primary.) Rheumatism (DURATION) 23 DAYS	
FULL NAME OF FATHER	unknown	(Signed) D. Graybeal M.D.	
BIRTHPLACE OF FATHER (State or country)	—	Address 354 N. Eddie St	
MAIDEN NAME OF MOTHER	—	Date July 5th 1907	
BIRTHPLACE OF MOTHER (State or country)	—	Place of Burial Laurel	
OCCUPATION OF DECEASED	Housework	Date July 6 — 1907	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Informant) Daughter (Address) 1405 Mulligan		Undertaker W. A. Elliott Address 506 Rogers Ave	
Filed 7/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar			

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2361 Registered No. B ..... C 2361

CERTIFICATE OF DEATH.

(Place of Death.) No. 1316 Butler St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ada Lee

{ Residence, if in Baltimore, Give Street and Number. } 1316 Butler st

Duration of Residence in Baltimore. Forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Colored

DATE OF BIRTH — — 1

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Gilbert Leach

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Lee

(Address) 1316 Butler St

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Acute Inf. (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Julian Blackstein M.D.

Address 700 Lafayette ave (Corner)

Date July 4th 1907

Place of Burial Laurel Cemetery

Date July 6 1907

Undertaker P. F. Elliott

Address 501 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1516

CERTIFICATE OF DEATH.

C 2362

Registered No. B .....

City of Baltimore, (No. #606 E. Madison St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary L. Kunkel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May (Month) 23 (Day) 1907 (Year)

AGE ..... years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) #606 E. Madison St Balto

FULL NAME OF FATHER Frederick J. Kunkel

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mary L. Kappel

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick J. Kunkel

(Address) 606 E Madison St

Filed 7/6 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 7th 190 7 to July 5th 190 7

that I last saw h... alive on July 3 190 7.

and that death occurred, on the date stated above, at 9:15 A. M. The CAUSE OF DEATH was as follows:

Congenital Debility

..... (DURATION) 7 DAYS

Contributory Premature Birth

..... (DURATION) ..... DAYS

(Signed) John Dietrick M. D.

July 5th 190 7 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery | DATE OF BURIAL: July 6 190 7

UNDERTAKER: Henry Hoeck & Son | ADDRESS: 130 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 2363 Registered No. B C 2363

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 N. Eden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Holzner.

{ Residence, if in Baltimore, Give Street and Number. } 919 N. Eden St.

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 20 1825

AGE: 81 years 8 months days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Holzner

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Holzner.

(Address) 919 N. Eden St.

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from June 26th 1907 to July 5th 1907 that I last saw h[illegible] alive on July 5th 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 9 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Stone M.D.

Address 1507 E Eager St

Date July 3rd 1907

Place of Burial Lauren Park Cem

Date July 7th 1907

Undertaker C. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 2364 Registered No. B C 2364

129 V

CERTIFICATE OF DEATH.

Place of Death.) No. THE CHURCH HOME AND INFIRMARY. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda E. Norwood

{ Residence, if in Baltimore, Give Street and Number. } 1217 Patterson Park Ave

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col'd

DATE OF BIRTH May 15th 1870

AGE 36 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Norwood

(Address) 1217 N Patterson Park Ave

Filed 6 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to July 3 1907

that I last saw her alive on July 3 1907, and that death occurred, on the date stated above, at 6.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mention due to Paresis following a Myomectomy

(DURATION) 26 DAYS

Contributory (Primary) Uterine Myoma

(DURATION) DAYS

(Signed) [illegible] M.D.

THE CHURCH HOME & INFIRMARY.

Address

Date July 3 1907

Place of Burial Mt. Airy Md

Date July 7th 1907

Undertaker Geo M. Link

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — C 2365 — Registered No. B C 2365

104 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Burrell

{Residence, if in Baltimore, Give Street and Number.} 211 Myrtle ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX. Mail — COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Hancock Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Johnson

(Address) 211 Myrtle ave

Died 7/6/07, 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from 1 July 1907 to July 5 1907

that I last saw h alive on July 4 1907

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 5 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 5 DAYS

(Signed) [illegible] M.D.

Address 912 S. Stricker

Date July 5 1907

Place of Burial Mt Olivet Cemetery

Date July 6 1907

Undertaker Geo H Stoper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2366

City of Baltimore, (No. 1428 N. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Child of John & Minnie McKenna

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 6th 1907 (Month) (Day) (Year)

AGE: 25 minutes. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John McKenna

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Minnie McCutcheon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Nothing.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McKenna

(Address) 1428 N Gay St

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 6th 1907 to July 6th 1907 that I last saw h[im] alive on July 6 1907, and that death occurred, on the date stated above, at 1.50 PM.

The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 20 Minutes

Contributory Premature birth

(DURATION) DAYS

Signed F. B. Saenger M. D.

July 6th 1907 (Address) 219 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Cathedral	July 6 1907
UNDERTAKER	ADDRESS
John J Cowan	907 Hallins St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 2367 Registered No. B C 2367

CERTIFICATE OF DEATH.

(Place of Death.) No. 3027 Cedar Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary P. Townsend

{Residence, if in Baltimore, Give Street and Number.} 3027 Cedar Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1857

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Sam. McCardell

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Mary Ellison

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Townsend

(Address) 3027 Cedar Ave.

Filed 7/6/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from June 23, 1907, to July 4, 1907

that I last saw h[er] alive on July 4 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Mitral Regurgitation (not known) (DURATION) DAYS

(Signed) J. C. Timanus M.D.

Address 653 Columbia Ave.

Date July 5, 1907

Place of Burial New Cathedral

Date July 8 1907

Undertaker John F. Coyman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 2368 Registered No. B C 2368

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 701 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith V. Seaton (Seaton)

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Most of her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Thomas

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Graham

(Address) 921 N. Fulton

Filed 7/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from As above 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure, from Tuberculosis, of Six Years, last in Phila. Home last in Balto. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ghiloni M.D. Coroner

Address 214 W. Lanvale St.

Date July 4th 1907

Place of Burial Loudon Park Cem

Date July 6 1907

Undertaker W. J. Parkinson's

Address Camden Place

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2369

City of Baltimore, (No. 1824 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fredricka Benedict

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	(Month) (Day) 1 Year)
AGE	84 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant B Benedict)

(Address Entaw Place & Wilson St)

Filed 7/6 1907 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 4 1907 that I last saw h[er] alive on July 4 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Cardiac Dilatation
Hypostatic Pneumonia

(DURATION) DAY.

Contributory Senility

(DURATION) 4th DAYS

(Signed) Joseph Blum M. D.

July 4 1907 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	July 7 1907
UNDERTAKER	ADDRESS
Dan't Sondheim	923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. B C 2370

C 2370

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willie Estella Michael

{Residence, if in Baltimore, Give Street and Number.} 1314 Greenmount ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 3 19

AGE 1 years, 7 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Howard Michael

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cora E Bull

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Michael

(Address 1314 Greenmount ave

Filed 7/6/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 5 1907 190

I HEREBY CERTIFY, That I attended deceased from June 27 190 7 to July 5 190 7 that I last saw h alive on July 5 190 7, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.
Intercurrent.

(DURATION) 6 DAYS

Contributory (Primary.) Gastro Enteritis.

3 mnths (DURATION) DAYS

(Signed) Alfred Allman M.D.

Address 1816 N. Broadway

Date JUL 6 1907 190

Place of Burial Eklo Md.

Date JUL 5 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Dr Allman 1826 N Broadway

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 2371 Registered No. B C 2371

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Solomon Johnson

{Residence, if in Baltimore, Give Street and Number.} 1318 Pattonn St

Duration of Residence in Baltimore. 29 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Black

DATE OF BIRTH: Unknown

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Johnson

(Address) City Hospital

Filed 7/6/07 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to July 4 1907

that I last saw h in alive on July 4 1907

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pancreas

(DURATION) 7 DAYS

Contributory (Primary.) Carcinoma

(DURATION) 37 DAYS

(Signed) H H Baker M.D.

Address City Hospital

Date July 5 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 5 - 1907 190

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

JOHNS HOPKINS HOSPITAL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5/11

Ward 10 C 2372 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1505 Pulaski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Lincoln

{ Residence, if in Baltimore, Give Street and Number. } ~~606 Dental Hall Court.~~

Duration of Residence in Baltimore. Life

C. 2372

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: June. 11 th 1902	
AGE: — years, 5 months, 24 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: John Lincoln	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Lillie Lincoln	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis E. Turner

(Address) 1505 Pulaski St.

Filed 7/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

164

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

from ..... (DURATION) ..... DAYS

Con'ributory (Primary.) Heart Failure

..... (DURATION) ..... DAYS

(Signed) Wm Osler M.D.

Address 700 Lof. av. (County)

Date July 4 th 1907

Place of Burial JOHNS HOPKINS HOSPITAL JUL 5 - 1907

Date ..... 190 .....

Undertaker Commissioner Health

Address Health Dep

JOHNS HOPKINS HOSPITAL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 2373

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ. Hosp. Lying In Dept. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Rose E. Langdon

{Residence, if in Baltimore, Give Street and Number.} 622 W Lombard st

Duration of Residence in Baltimore.

C 2373

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: white
DATE OF BIRTH: July 3rd 1907	
AGE: ..... years, ... months, 2 hrs hours	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: E. T. Langdon	
BIRTHPLACE OF FATHER (State or country): Fairmont, Md.	
MAIDEN NAME OF MOTHER: Rose E. Hall	
BIRTHPLACE OF MOTHER (State or country): Fairmont, Md.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK

190..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Premature about

6 or 7 mos advanced.

lived about two hours.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Lewis M. Allen M.D.

Address 614 Park Ave.

Date July 4th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

JUL 5- 1907

Date ..... 190...

Commissioner Health.

Undertaker .....

Address Health Dept

JOHNS HOPKINS HOSPITAL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13 V

Ward 7 C 2374 Registered No. B C 2374

CERTIFICATE OF DEATH.

61 V

(Place of Death.) No. 1124 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frederick Beck Jr.

{ Residence, if in Baltimore, Give Street and Number. } ~~1124~~ 1124 Hanover St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 3rd 1887

AGE 20 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frederick Beck

BIRTHPLACE OF FATHER (State or country) Germ

MAIDEN NAME OF MOTHER Wilhelmina Beck

BIRTHPLACE OF MOTHER (State or country) Germ

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Frederick Beck, (Father)

(Address) 1124 Hanover St

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5th July 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 4th 1907 that I last saw h~~im~~ alive on July 4th 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage Ruptured of Brain Causing Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Meningitis Cerebral

(DURATION) 11 DAYS

(Signed) Herbert Locke M.D.

Address 914 N Charles St

Date July 6 1907

Place of Burial London Park Cem

Date July 8th 1907

Undertaker E. Schloman & Son

Address 1034 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154 V

CERTIFICATE OF DEATH.

Registered No. B C 2375

City of Baltimore, (No. 1325 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Sara Anne Perkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 12 (Day) 1839 (Year)

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Charles Francis Pockon

BIRTHPLACE OF FATHER (State or country): San Domingo

MAIDEN NAME OF MOTHER: Eulalie de la Coste Pockon

BIRTHPLACE OF MOTHER (State or country): San Domingo

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Marie Perkins

(Address) 1325 Eutaw Place

Filed 7/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1900 to July 5 1907 that I last saw h[er] alive on July 5 1907, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Senility

years. (DURATION) ... DAYS

Contributory ... (DURATION) ... DAYS

(Signed) James C. Clarke M. D.

July 5 1907 (Address) 201 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: July 8" 1907

UNDERTAKER: H. M. Jenkins & Sons Co.

ADDRESS: Howard & Madison Sts

✓

deceased, and the *cause and date of death.*

(whether married or single) of the person

Ward ..... C 2376 Registered No. B C 2376

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Nutter

{Residence, if in Baltimore, Give Street and Number.} 882 Tyson Street.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 29 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert Wanigate

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lizzie Conway

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Steven Nutter

(Address) 882 Tyson St

Filed 1167 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 5" 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to July 5 1907

that I last saw her alive on July 5 1907

and that death occurred, on the date stated above, at 12 55 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) ..... DAYS

Contributory (Primary) Appendicitis (acute)

(DURATION) ..... DAYS

(Signed) H. B. Stone M.D.

Address Johns Hopkins Hospital

Date July 6th 1907

Place of Burial W. Wingate Co. Md.

Date July 7, 1907 190

Undertaker Alex. Hemsley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, to the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C 2377 Registered No. B C 2377

641

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H Bunting

{Residence, if in Baltimore, Give Street and Number.} 921 W Fayette St

Duration of Residence in Baltimore. 62 yrs 9 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Oct 16 th 1845

AGE 62 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Bunting

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florance Bunting

(Address) 921 W. Fayette st

Filed 7/6 1907

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 5 1907 that I last saw her alive on July 5 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 20 DAYS

Con'ributery (Primary) Cachexia

(DURATION) 3 DAYS

(Signed) T. L Norwood M.D.

Address 939 W Fayette St

Date July 5 1907

Place of Burial London Park

Date July 8th 1907

Undertaker Geo J. Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2378 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Newington ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thos. J. Snow

{Residence, if in Baltimore, Give Street and Number.} 716 Newington

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Apr 16th 1843

AGE 64 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Portsmouth Va

FULL NAME OF FATHER William Snow

BIRTHPLACE OF FATHER (State or country) Portsmouth Va

MAIDEN NAME OF MOTHER Maud Harrison

BIRTHPLACE OF MOTHER (State or country) Portsmouth Va

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Johnson

(Address) 716 Newington av

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 5 1907 that I last saw him alive on July 5 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedematous Laryngitis

(DURATION) 4 DAYS

Contributory (Primary) Suffocation & exhaustion (DURATION) 2 DAYS

(Signed) John D. King M.D.

Address 1425 Eutaw Pl

Date July 6 1907

Place of Burial London Park

Date July 8th 1907

Undertaker Geo J. Smith & Co

Address 1000 N. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 2379 Registered No. B C 2379

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Green

{Residence, if in Baltimore, Give Street and Number.} 1112 Lakewood Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 26th 1854

AGE: 53 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Blasius Green

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Vronika Schirmer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Green

(Address) 1112 Lakewood ave

Filed 7/6 1907

HARRY O. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from May 5th 1907 to July 5th 1907

that I last saw him alive on July 3rd 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion (DURATION) DAYS

Contributory (Primary.) Carcinoma Stomach (DURATION) 60 DAYS

(Signed) C. V. Athey M.D.

Address 2 Hendon Ave

Date July 8th 1907

Place of Burial Sacred Heart Cem.

Date July 8th 1907

Undertaker H. Snyder & Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2330 Registered No. B C 2330

CERTIFICATE OF DEATH.

(Place of Death.) No. 2121 Jefferson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josl Houston

{ Residence, if in Baltimore, Give Street and Number. } 2121 Jefferson Place

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 16 1844 1

AGE: 63 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Owings Mills, Balto. Co. Md.

FULL NAME OF FATHER: John Housten,

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Manager Traffic Dept. P. Co.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Housten

(Address) 2121 Jefferson Place

Filed 7/6 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1904 to July 5 1907 that I last saw h[illegible] alive on July 4 1907, and that death occurred, on the date stated above, at 12.10 P.M. CAUSE OF DEATH, (Secondary or Immediate)

Chronic Nephritis

(DURATION) 18 mos DAYS

Contributory (Primary.) Cancer of Prostate (DURATION) 3 yrs DAYS

(Signed) Jno. E. Clough M.D.

Address 1761 Park Ave

Date July 5 1907

Place of Burial Mt. Zions . Freelands Md.

Date July 7.1907. 190

Undertaker Geo. W. Little,

Address 531 N-Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2381 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2nd. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Johnson

{ Residence, if in Baltimore, Give Street and Number. } 920 Mason alley.

Duration of Residence in Baltimore. 37 years.

C. 2381

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: W J Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Johnson

(Address) 920 Mason Alley

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 5 1907

that I last saw h[illegible] alive on July 5 1907

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Two months (DURATION) DAYS

Contributory (Primary.) Nephritis

One year (DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N LaDayette Av.

Date July 5 1907.

Place of Burial St Peters Country

Date July 8th 1907

Undertaker Lizlie B. Pye

Address 622 Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C 2382 Registered No. B .....

CERTIFICATE OF DEATH.

105K

(Place of Death.) No. 1022 Wilmer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Johnson (infant)

{Residence, if in Baltimore, Give Street and Number.} 1022 Wilmer ave.

Duration of Residence in Baltimore. 6 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: Jan (date?) 1907

AGE: 0 years, 6 months, ? days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: Ella Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Dixon

(Address) 1022 Wilmer ave

Filed July 6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 — 1907

I HEREBY CERTIFY, That I attended deceased from July 1 — 1907 to July 5 1907 that I last saw him alive on July 3 1907, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea & Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) S. B. Hughes M.D.

Address 705 George St —

Date 7 — 5 — 1907

Place of Burial Cathedral

Date July 6th 1907

Undertaker Philip B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2383 Registered No. B C 2383

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victoria Ruska

{ Residence, if in Baltimore, Give Street and Number. } # 1619 Lancaster St

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	years, 7 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William Ruska.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Mary Nowak.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Ruska.

(Address) 1619 Lancaster St

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 5 1907 that I last saw her alive on July 5 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anne St.

Date July 6th, 1907

Place of Burial St. Stanislaus

JUL 6 - 1907

Date 190

Undertaker W. F. Gadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

C 2384

Registered No. B

CERTIFICATE OF DEATH.

74v

(Place of Death.) No. 330 Friendship Street - Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice J Thomson

{Residence, if in Baltimore, Give Street and Number.} 330 Friendship st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: October 6 1906	
AGE: ~~years~~, 8 months, 29 days	
SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): 330 Friendship st - Waverly	
FULL NAME OF FATHER: Fredrick S. Thomson	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Florence Sound	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Infant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Thomson

(Address) 330 Friendship st -

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: July 5 1907	

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 5 1907 that I last saw her alive on July 5 1907, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Hydrocephalus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Horace J. Westbrook M.D.

Address 237 Goucher ave

Date 190

Place of Burial Greenmount

Date July 7 - 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 2385 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 Gay St. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Amos Dreher

{ Residence, if in Baltimore, Give Street and Number. } 1125 Gay St.

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Nov 21 1882

AGE: 24 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hanover Pa

FULL NAME OF FATHER: Wm Dreher

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Glocker

BIRTHPLACE OF MOTHER (State or country): Switzerland

OCCUPATION OF DECEASED: Slate Roofer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Dreher

(Address) 1125 N. Gay St

Filed 7/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to July 6th 1907

that I last saw him alive on July 6th 1907

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Perforation

(DURATION) DAYS

Contributory (Primary) Typhoid Fever (DURATION) 2½ DAYS

(Signed) Walter W. White M.D.

Address 1101 N. Broadway

Date July 6th 1907

Place of Burial Hanover, Pa

Date July 7th 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 2386

Registered No. B C 2386

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jackson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH May 7 1907

AGE — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Mildred

(Address) St Elizabeths home

Filed 7/6/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to July 6 1907

that I last saw her alive on July 5 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 6 1907

Place of Burial Cathedral entry

Date July 6 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 V C 2387 Registered No. B C 2387 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 S. Wolff St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bronislawa Kowalewski

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: July 14 1906

AGE: years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Kowalewski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kady Walter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kowalewski

(Address) 715 S. Wolff st

Filed 7/6 1907

HARRY U. ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 4 1907 that I last saw h[er] alive on July 4 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 3 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann st

Date July 5th 1907

Place of Burial Holy Rosary

Date July 7 1907

Undertaker Joseph. Zborowski

Address 1742 Canton ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154 v

CERTIFICATE OF DEATH.

C 2388

Registered No. B .....

City of Baltimore, (No. 1576 E. Balto. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan A. Magness

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Mar. (Month) 3 (Day) 1819 (Year)
AGE	88 years, 4 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Abram Martin
BIRTHPLACE OF FATHER (State or country)	State.
MAIDEN NAME OF MOTHER	Not Know
BIRTHPLACE OF MOTHER (State or country)	not. Know.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry T. Magness

(Address) 1576 E. Balto St

Filed 7/6 1907

HARRY C. ANDREWS
REGISTRAR OF WILLS

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to July 5 1907

that I last saw h[er] alive on July 5 1907,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Old. Age

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Thos. H. Magness M. D.

July. 6 1907 (Address) 1576 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount.	7-8th. 1907
UNDERTAKER	ADDRESS
Wendell Offel & Son	330 S. Bond

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 C 2089 Registered No. B

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 420 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William W Lisle

{Residence, if in Baltimore, Give Street and Number.} 420 N. Dallas St

Duration of Residence in Baltimore. Since Birth.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	July 28. 1906
AGE	years, 11 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Edward F White
BIRTHPLACE OF FATHER (State or country)	M D
MAIDEN NAME OF MOTHER	Mandie Walker
BIRTHPLACE OF MOTHER (State or country)	M D
OCCUPATION OF DECEASED	Son

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Farther

(Address) 420 N Dallas

Filed 7/6 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

9K

V

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 July 1907.

I HEREBY CERTIFY, That I attended deceased from 2nd-7-1907 to 5th-7-1907 that I last saw him alive on 5th-7-1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Broncho Pneumonia

Secondary (DURATION) DAYS

Contributory (Primary.) Cardiac asthenia

a day or two (DURATION) DAYS

(Signed) D E Ch. M.D.

Address 1418 Jefferson St

Date 6th July 1907.

Place of Burial Laurel Cemetary

Date July 7 1907

Undertaker R A Elliott

Address 506 Bergen Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2390 Registered No. B C 2390

CERTIFICATE OF DEATH.

167

Place of Death.) No. 22 St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Pearline Davis

{ Residence, if in Baltimore, Give Street and Number. } 226 N Monford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward Davis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliza Byers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Davis

(Address) 226 Monford

Filed 7/6 1907 HARRY C. ANDREWS, Registrar

G. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date July 5 — 07 190

Place of Burial Laurel

Date July 8 — 190 7

Undertaker R A Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 2.3.1 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 N. Spring St. (If Decd's occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Self

{ Residence, if in Baltimore, Give Street and Number. } 606 N. Spring St

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — 1

AGE 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Hamiel Self

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Etta Self

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Annie Gaugh

(Address) 606 N Spring St

Filed 7/6 1907 Registrar

HARRY C. ANDREWS PERMIT CLERK.

G. K.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 July 1907

I HEREBY CERTIFY, That I attended deceased from 5 July 190 to — 190

that I last saw him alive on 5 July 190 , and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Croupous Pneumonia

about 7 (DURATION) DAYS

Contributory (Primary) Exhaustion.

(DURATION) 2 DAYS

(Signed) C. Lee Bagby M.D.

Address 1418 Pennsylvania Ave.

Date 6 July 190 7.

Place of Burial Laurel

Date July 7 — 190 7

Undertaker R. A. Ellicott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 (2nd)

Registered No. B [illegible] 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 1367 N. Carey St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Mary Carter

{ Residence, if in Baltimore, Give Street and Number. } 1367 N. Carey St

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Lancaster Co Va

FULL NAME OF FATHER: John T Brame

BIRTHPLACE OF FATHER (State or country): Lancaster Co Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Lancaster Co Va

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Presstman St

Filed 7/6 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5, 1907

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to July 5 1907

that I last saw her alive on July 5 1907

and that death occurred, on the date stated above, at 5:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure - due to

Muscular atony (DURATION) — DAYS

Contributory (Primary.) Typhoid fever. (DURATION) unknown DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St.

Date July 5, 1907.

Place of Burial Lancaster Co Va

Date July the 8th 1907

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 2303 Registered No. B [illegible]

CERTIFICATE OF DEATH.

794

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs D. H. McRae

{ Residence, if in Baltimore, Give Street and Number. } Fayetteville N C.

Duration of Residence in Baltimore. Since June 2607

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 4 1868

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N.C.

FULL NAME OF FATHER Jas C MacRae

BIRTHPLACE OF FATHER (State or country) N C

MAIDEN NAME OF MOTHER Fannie Hinsdale

BIRTHPLACE OF MOTHER (State or country) N C

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas C MacRae

(Address) Chapel Hill N C

Filed 7/6 1907 HARRY C. ANDREWS, Registrar

PER[illegible] CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 6 1907

that I last saw h[illegible] alive on July 6 1907 3.30 P. M. and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Cardiac Hydrothorax

and Dilatation (DURATION) ..... DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date July 6 1907

Place of Burial Fayetteville Orange Co N C

Date July 7th 1907

Undertaker Jos B. Cook

Address 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 11 C 2394 Registered No. B C 2394

CERTIFICATE OF DEATH.

(Place of Death.) No. St Paul's Apartments St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jeannette Thruston Manning

{Residence, if in Baltimore, Give Street and Number.} St Paul Apartments

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Dec 1st 1829	
AGE: 77 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Fort Trumble New London Con	
FULL NAME OF FATHER: Gen'l Charles Brynn Thruston	
BIRTHPLACE OF FATHER (State or country): Lexington Kentucky	
MAIDEN NAME OF MOTHER: Juliana Hughes ~~Mary Jeannette Thruston~~	
BIRTHPLACE OF MOTHER (State or country): Baltimore Md	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph S. Manning

(Address) St. Paul Apartments

Filed 7/7 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 30th 1905 to July 6th 1907 that I last saw h[illegible] alive on July 6th 1907, and that death occurred, on the date stated above, at 10.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis. Dilatation of the Heart-

one month (DURATION) DAYS

Contributory (Primary.) Arterio-Sclerosis.

Two years (DURATION) DAYS

(Signed) Thomas McCrae M.D.

Address 807 St Paul St

Date July 6th 1907

Place of Burial Greenmount Cem

Date July 8th 1907

Undertaker Hedgeleconis Son Co

Address 300 N Madison & Howard Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 2395 Registered No. B C 2395 W

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George Edward Ingram

{Residence, if in Baltimore, Give Street and Number.} 1000 Pennington Ave. J. Curtis Bay.

Duration of Residence in Baltimore. ~~Life~~ 14 days.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: W.
DATE OF BIRTH: Nov. 8th 1873	
AGE: 33 years, 7 months, 27 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: M	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: James E. Ingram	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Adeline Mathews	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Machinist	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie E. Ingram

(Address) Curtis Bay Md

Filed 7/7/07 190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to July 5 1907

that I last saw him alive on July 5 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 18 DAYS

Con'tributory (Primary.) Exhaustion —

(DURATION) DAYS

(Signed) H W Esker M.D.

Address City Hospital

Date July 5th 1907

Place of Burial CEDAR HILL JUL 7 - 1907

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street.

HARRY G. ANDREWS PERRY CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2396 Registered No. C 2396

CERTIFICATE OF DEATH.

15/V

(Place of Death.) No. 1613 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant unnamed.
Parents - Mariah + John T. Wilson

{ Residence, if in Baltimore, Give Street and Number. } 1613 Division St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH July 6 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Single~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John T. Wilson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mariah Hutchins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Marian Wilson

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mariah Wilson

(Address) 1613 Division St.

Filed 7/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from July 5th 1907 to July 7th 1907

that I last saw him alive on July 6 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Atelectasis.

from birth (DURATION) — DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) W. T. Carr, Jr. M.D.

Address 515 Mosher St.

Date July 7th 1907

Place of Burial Mt Auburn

Date July 7 1907

Undertaker Guy Hennessey

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2397 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 Gilbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isabella Wales

{Residence, if in Baltimore, Give Street and Number.} 613 Gilbert St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: 1	
AGE: — years, 4 months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): " "	
MAIDEN NAME OF MOTHER: Laura Wales	
BIRTHPLACE OF MOTHER (State or country): City	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Dorsey

(Address) 163 Eilbert St

Filed 7/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Coma uremia

(DURATION) 2 DAYS

Con'ributory (Primary.) acute in—

digestion (DURATION) ..... DAYS

(Signed) Lilian Bradshaw M.D.

Address 700 E. 7. ave, (Corner)

Date July 6th 1907

Place of Burial M. Auburn

Date July 7 1907

Undertaker Adam Hennessy

Address 578 N Bickett 21

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2398

City of Baltimore, (No. 870, Robert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie Cook

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Stevens Cook

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Cook

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas B Jones

(Address) 506 Rogers Ave

Filed 7/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 4 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 4 1907 that I last saw h-r alive on July 4 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

3 mos (DURATION) ..... DAYS

Contributory Ascites

3 mos (DURATION) ..... DAYS

(Signed) V L Norris M. D.

July 8 1907 (Address) 739 Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 7 1907

UNDERTAKER: R A Ellicott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 2399 Registered No. B

CERTIFICATE OF DEATH.

64K

(Place of Death.) No. 1105 Jenkins al St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eliz. A. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1105 Jenkins al

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1850 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Talbot Co. Md

FULL NAME OF FATHER Henry Harris

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thomas

(Address) 588 W. Pratt

Filed 7/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-5 1907

I HEREBY CERTIFY, That I attended deceased from 7-3 1907 to 7-5 1907

that I last saw h alive on 7-4-1907,

and that death occurred, on the date stated above, at 1.30 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Hemorrhage

(DURATION) 14 DAYS

Contributory (Primary.) Recurrence

Some hours (DURATION) DAYS

(Signed) R. Lee Elkin M.D.

Address 922 Mad. Ave

Date 7-6 1907

Place of Burial July 8 Mt. Auburn

Date July 8 M

Undertaker R Ellicott

Address 506 Regent Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2400 Registered No. B C 2400

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred. Feldhaus

{ Residence, if in Baltimore, Give Street and Number. } 1241 W. Lombard St.

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 63 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Fred. A. Feldhaus

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catharine Feldhaus

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Feldhaus

(Address) 1240 W. Lombard

Filed 7/7/07 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from April 1905 to July 5 1907

that I last saw h... alive on July 5 1907 7.20

and that death occurred, on the date stated above, at 8 ... M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

Uraemia

2 yrs (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Thurdon Lomax Jr. M.D.

Address 1808 N. Charles St

Date July 5 1907

Place of Burial Holy Cross

Date July 8th 1907

Undertaker John J. Feldhaus

Address 1202 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2401 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 100 Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie B Garner

{Residence, if in Baltimore, Give Street and Number.} 100 Stafford Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 5 1894

AGE: 33 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: George S Stubbs

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Catherine Redmond

BIRTHPLACE OF MOTHER (State or country): Elkton City

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Stubbs

(Address) 100 Stafford Lane

Filed 7/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.
G K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 5 1907 that I last saw h[illegible] alive on July 5 1907, and that death occurred, on the date stated above, at 2.06 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) 10 DAYS

Contributory (Primary.)

Transverse Myelitis (DURATION) 60 DAYS

(Signed) Howard W Jones M.D.

Address Springfield

Date July 6 1907

Place of Burial Balto Cemetery

Date July 8 1907

Undertaker Wm E Chenoweth & Son

Address 919 3rd Ave pamphlet

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B

CERTIFICATE OF DEATH. C-2402

(Place of Death.) No. 1607 N. Regester St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthew Merchel.

{Residence, if in Baltimore, Give Street and Number.} 1607 N. Regester

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 17 1840

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Merchel

(Address) 1607 N Regester

Filed July 8th 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to July 6 1907 that I last saw h[im] alive on " 6 1907, and that death occurred, on the date stated above, at 11.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma (Stomach)

Abscess 2 months (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) H. Smith M.D.

Address 1501 N Bond St.

Date July 7 1907

Place of Burial Druid Hill Cemetery

Date July 8 1907

Undertaker Robt J Turnbull

Address 1204 May. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B

CERTIFICATE OF DEATH.

1791 V

(Place of Death.) No. St Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Biggs

{Residence, if in Baltimore, Give Street and Number.} St Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Blk

DATE OF BIRTH: About 1 1/1 1907

AGE: — years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGuinness

(Address) St Elizabeth's Home

Filed 7/8 1907 HARRY G. ANDREWS PERMIT CLERK Registrar

G. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to July 7 1907 that I last saw h[er] alive on July 6 1907, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGuinness M.D.

Address 2005 Madison Ave

Date July 7 1907

Place of Burial New Cathedral Cem

Date July 8 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2404

City of Baltimore, (No. 809 W Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abel S. Cadwallader

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: aug 18 (Month) (Day) 1842 (Year)

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: abel Cadwalder

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Marie Gill

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lambdon

(Address) 303 E Eutaw

Filed 7/8/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to July 6" 1907

that I last saw h alive on July 6 1907,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) C. R. Palmer M. D.

July 6 1907 (Address) 1021 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 8 1907

UNDERTAKER: Adams & Co — ADDRESS: 75 Franklin

WM. J. C. DULANY CO., BALTIMORE

Ward 17 C 2405 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 Millington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecilia Neumann.

{Residence, if in Baltimore, Give Street and Number.} 123 Millington ave

Duration of Residence in Baltimore. 66 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 20" 1838

AGE: 68 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Adam Naumann

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Cecilia Roemelt

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Naumann

(Address) 123 Millington ave

Filed 7/8 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6" 1907

I HEREBY CERTIFY, That I attended deceased from February 4th 1907 to July 6th 1907 that I last saw her alive on June 25th 1907, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 60 DAYS

Contributory (Primary.) Valvular Disease of Heart (15 2) (DURATION) 152 DAYS

(Signed) John H. Holliday M.D.

Address 714 Frederick ave

Date July 7th 1907

Place of Burial New Cathedral

Date July 9" 1907

Undertaker N S Fink

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Cross

{ Residence, if in Baltimore, Give Street and Number. } 1908 E. Madison

Duration of Residence in Baltimore. 42 yo.

C.C. 2406

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 25 1866

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Farrell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Ann Long

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent E Cross

(Address) 1908 E Madison St

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to July 7 1907

that I last saw h~~e~~ alive on July 7 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Chr Nephritis

or Secondary (DURATION) DAYS

(Signed) Chas L Lommel M.D.

Address St Joseph Hospital

Date July 7 1907

Place of Burial Mt Olivet Cathedral

Date ~~July~~ July 9 1907

Undertaker Peter J Feeney

Address 1 Edmonson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2407 Registered No. B C 2407

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Swift Johnson.

{Residence, if in Baltimore, Give Street and Number.} 1003 Whatcoat St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR Black.

DATE OF BIRTH 1

AGE 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jas Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Florence Williams

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Johnson

(Address) 1003 Whatcoat St

Filed 7/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from June 4th 1907 to July 4 1907

that I last saw him alive on 7/4 1907

and that death occurred, on the date stated above, at 9 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Spinal Meningitis —

(DURATION) 33 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) H H Baker M.D.

Address City Hospital

Date July 5th 1907

Place of Burial Mt Hope

Date July 8 1907

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2408 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 823 S. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence V. Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 823 S. Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 10, 1871

AGE 36 years, 2 months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Frederick Wm. Schultz

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Cecelia Parks

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W. Schmidt

(Address) 823 S. Rose St

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5. 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to July 5 1907 that I last saw h alive on July 4 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 180 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 180 DAYS

(Signed) H. L. Reckard M.D.

Address 910 S Canton Av

Date July 6, 1907

Place of Burial Trinity Cem.

Date 7/8/07 1907

Undertaker J Herwig Sons

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 2409 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1605 N Gay, St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Clarence Johnson

{Residence, if in Baltimore, Give Street and Number.} 1605 N Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Born Oct 29 1883

AGE: 23 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Minks

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Bottler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Johnson

(Address) 1605 N. Gay st

Filed 7/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1907

I HEREBY CERTIFY, That I attended deceased from June 29th 1906 to July 6th 1907 that I last saw him alive on July 6th 1907, and that death occurred, on the date stated above, at 4.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cedrus Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1619 E Eager st

Date July 7th 1907

Place of Burial Mount Olivet Cemetery

Date July 9th 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 2 C 2410 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Lunenburg Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary E. Simonson

{Residence, if in Baltimore, Give Street and Number.} Simonson Va

Duration of Residence in Baltimore. Since July 4 1907 C. 2410

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: DEC 14 1853

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York.

FULL NAME OF FATHER: Geo T Oakley

BIRTHPLACE OF FATHER (State or country): N.Y.

MAIDEN NAME OF MOTHER: Emily A Zeluff

BIRTHPLACE OF MOTHER (State or country): New York.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Simonson

(Address) Simonson - Va

Filed 7/8 1907

GARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 7 1907

that I last saw h alive on July 7 1907

and that death occurred, on the date stated above, at 11.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory and Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Shock following appendectomy (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address Lunenburg Hospital

Date 7/7 1907

Place of Burial Farnham Baptist Ch. Richmond Co Va

Date July 9th 1907

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2411 Registered No. B C 2411

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph S Short

{ Residence, if in Baltimore, Give Street and Number. } 1720 E. Fayette St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22" 1864

AGE: 43 years, 1 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Benjamin Short

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Guyton

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Short

(Address) 1720 E. Fayette St.

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5" 1907

I HEREBY CERTIFY, That I attended deceased from July 5th 1907 to July 5th 1907

that I last saw h in alive on July 5" 1907

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cerebral Meningitis

(DURATION) one DAY

Contributory (Primary.)

Eclampsia (DURATION) one DAYS

(Signed) J. O. Stoner M.D.

Address Cor Caroline & Fay Sts

Date July 6th 1907

Place of Burial Western Cemetery

Date July 8" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VII

C 2412

Registered No. B

74 r

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hattie Kahrs

{ Residence, if in Baltimore, Give Street and Number. } 26 Browns Lane

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 15. 1900

AGE: 6. years, 8. months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Kahrs

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Reisel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kahrs

(Address) 26. Browns Lane.

Filed 7/8/07 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from June 24th 1907 to July 5th 1907 that I last saw her alive on July 6th 1907, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

6 (DURATION) Days

Contributory (Primary) Abscess of Brain (DURATION) 10 Days

(Signed) P W. Crandall M.D.

Address University Hospital

Date July 7 1907

Place of Burial Baltimore Cemt.

Date July 9th 1907

Undertaker C. W. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 C 2413 Registered No. B

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 1728 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August W. Rehling

{Residence, if in Baltimore, Give Street and Number.} 1728 Hanover st

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 20 1839

AGE: 68 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Rudolph Rehling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Rehling

(Address) 1728 Hanover St.

Filed 7/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 6 1907 that I last saw h[e] alive on July 5 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 4 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 5 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date July 6 1907

Place of Burial London Park

Date July 9 1907

Undertaker F. A. Kranse & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2414 Registered No. B ..... C 2414

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Thayer

{ Residence, if in Baltimore, Give Street and Number. } 418 E Lanvale st

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 5th 1833

AGE: 73 years, 10 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: - Palmer

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Elizabeth Barry

BIRTHPLACE OF MOTHER (State or country): Emgland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Hewitt

(Address) 418 E Lanvale st

Filed 7/8 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8th 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to July 7 1907 that I last saw h er alive on July 7 1907, and that death occurred, on the date stated above, at 1.05 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 2 DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 5 DAYS

(Signed) Edmund Gibbs M.D.

Address 316 East North

Date July 8th 1907

Place of Burial London Park Cemetery

Date July 10th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2415

City of Baltimore, (No. 1946 N. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary DeHelman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 18th 1906 (Month) (Day) (Year)

AGE: — years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph DeHelman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza M Clark

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Manger M.D.

(Address) 1002 Edmondson Ave

Filed 7/8 1907

HARRY C. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 7th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 9th 1907 to July 7th 1907 that I last saw her alive on 6th 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

one month (DURATION) — DAYS

Contributory unknown

— (DURATION) — DAYS

(Signed) John F Manger M. D.

1907 (Address) 1002 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: July 8 1907

UNDERTAKER: M Cadogan — ADDRESS: 69 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2416 Registered No. B C 2416

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1202 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret C. Batger

{Residence, if in Baltimore, Give Street and Number.} 1202 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 22nd 1906

AGE: ..... years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: George Batger

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret L. Bayer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Batger

(Address) 1202 E Eager St.

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from July 6th 1907 to July 7th 1907

that I last saw h[illegible] alive on July 7th 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Pneumonia 3

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1801 E Eager St

Date July 8th 1907

Place of Burial Holy Redeemer

Date July 8 1907

Undertaker Henry Haeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2417 Registered No. B C 2417

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 Forrest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Fullerton Davis

{ Residence, if in Baltimore, Give Street and Number. } 1019 Forrest Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 1 1906
AGE	7 years, 7 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	William F. Davis
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Emma Fullerton
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1019 Forrest Place

Filed 7/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 7th 1907 to ~~1907~~ 1907

that I last saw him alive on July 7 1907

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Ileo-Colitis

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. M. C. Parker M.D.

Address 1057 Augusta St

Date July 8th 1907

Place of Burial Holy Cross

Date July 9 1907

Undertaker Henry Houck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 2418 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1355 Whitecourt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~James~~ Bertha Burgess

{Residence, if in Baltimore, Give Street and Number.} 1355 Whitecourt St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

AGE 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt city

FULL NAME OF FATHER James Burgess

BIRTHPLACE OF FATHER (State or country) West River

MAIDEN NAME OF MOTHER anna Jackson

BIRTHPLACE OF MOTHER (State or country) west River

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Burgess

(Address) 1355 Whitecourt

Filed 7/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to July 8 1907 that I last saw her alive on July 3 1907, and that death occurred, on the date stated above, at 4.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 6 weeks

Contributory (Primary.) Tuberculosis

(DURATION) 6 weeks

(Signed) [illegible] M.D.

Address 1710 Pa ave

Date July 8 1907

Place of Burial Mount Auburn

Date July 9 1907

Undertaker John H. Owens & Son

Address 1222 Monroe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

d ... C 2419 Registered No. B ... C 2419

CERTIFICATE OF DEATH.

No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

Residence, if in Baltimore, Give Street and Number. } Unknown

ation of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male COLOR Colored	DATE OF DEATH June 23 — 190
BIRTH ... 1	I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...
Adult	that I last saw h... alive on ... 190 ...,
... years, ... months, ... days	and that death occurred, on the date stated above, at ...
E, MARRIED, WED, OR DIVORCED Not Known	4. H. CAUSE OF DEATH (Secondary or Immediate.)
PLACE (or country)	Heart Disease
NAME ATHER	
PLACE ATHER (or country)	
EN NAME OTHER	(DURATION) ... DAYS
PLACE THER (or country)	Contributory (Primary.) ...
PATION CEASED Domestic	(DURATION) ... DAYS
BOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE OF MY KNOWLEDGE AND BELIEF.	(Signed) Benj. B. Hayton M.D.
mant) B.B. Hayton	Address 1216 N. Carolina St.
(Address) 1216 N. Carolina St.	Date July 6 — 190
8 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Place of Burial JOHNS HOPKINS HOSPITAL
	Date July 6 190
	Undertaker ...
	Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 2420 Registered No. B .....

CERTIFICATE OF DEATH.

164 ✓

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Noah Lucas

{ Residence, if in Baltimore, Give Street and Number. } 1726 Lancaster St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Co

DATE OF BIRTH ..... 1 .....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/8/07 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 12 M.

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(Acc)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Carnes Md

Date June 30 - 07 190 ....

Place of Burial JOHNS HOPKINS HOSPITAL

Date July 6 190 7

Undertaker Health Dept

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

163 ✓

Ward V

Registered No. B

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1409 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Kunst

{ Residence, if in Baltimore, Give Street and Number. } 1409 Stockholm

Duration of Residence in Baltimore. Life

C. 21121

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Alexander Kunst

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Emma Kunst

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 220 W. Lombard St

Filed 7/8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

Emaciation

..... (DURATION) ..... DAYS

Contributory (Primary.) Bad Milk

..... (DURATION) ..... DAYS

(Signed) Francis Jones M.D.

Address Coroners Office

Date July 7 1907

Place of Burial Loudon Park

Date July 8th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

16

Ward 5 C 2422 Registered No. B [illegible] 104 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1428. E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert H Waters

{Residence, if in Baltimore, Give Street and Number.} 1428. E. Lexington St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colord

DATE OF BIRTH: [illegible] 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1428 E Lexington St

Filed 7/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 6 1907 that I last saw him alive on July 6, 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis

(DURATION) DAYS

Contributory (Primary.) Gastritis

(DURATION) DAYS

(Signed) J Strand M.D.

Address 202 Lexington St

Date July 8 1907

Place of Burial National Cem

Date July 8 1907

Undertaker R A Elliott

Address 500 Virginia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 2423 Registered No. B [illegible] 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1139 Bowen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Pfeifer

{Residence, if in Baltimore, Give Street and Number.} 1139 Bowen do.

Duration of Residence in Baltimore. 9 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 14 1906

AGE 1 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER George Pfeifer

BIRTHPLACE OF FATHER (State or country) Balto md

MAIDEN NAME OF MOTHER Lillian Pfeifer Floyd

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Pfeifer

(Address) 1139 Bowen

Filed 7/8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 6 1907 that I last saw h[illegible] alive on July 5 1907, and that death occurred, on the date stated above, at 8 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.)

Thrombosis (DURATION) DAYS

(Signed) Edw Grumpton M.D.

Address 517 Scott

Date July 7th 1907

Place of Burial LOUDON PARK JUL 8 - 1907

Date 190

Undertaker Armstrong Denny Co. 113 Light Street

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2424 Registered No. B C 2424

CERTIFICATE OF DEATH.

169

(Place of Death.) No. 909 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward C Seffrish

{Residence, if in Baltimore, Give Street and Number.} 909 N Caroline

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 29 1835

AGE 71 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edward M. Offutt

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elezbeth Sheeler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Carmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma M Seffrish

(Address) 801 N Sheeler

Filed 7/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7. 1907

I HEREBY CERTIFY, That I attended deceased from July 1. 1907 to July 7. 1907 that I last saw h[illegible] alive on " 7 1907, and that death occurred, on the date stated above, at 11:53 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Apoplexy

(DURATION) 2 1/2 Hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno A Hartman M.D.

Address 1121 N Caroline St.

Date July 8. 1907

Place of Burial Loudon Pk

Date July 10 1907

Undertaker Robt J Turnbull

Address Poney Valley

HARRY D. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 2425 Registered No. B 84

CERTIFICATE OF DEATH.

(Place of Death.) No. 1606 Vincent St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Preston Owens

{Residence, if in Baltimore, Give Street and Number.} 1606 Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Colored
DATE OF BIRTH	July 12th 1906
AGE	1 years, 11 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Preston Owens
BIRTHPLACE OF FATHER (State or country)	West River Md
MAIDEN NAME OF MOTHER	Hattie Crawford
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	NONE

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Crawford

(Address) 1606 Vincent st

Filed 7/8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of brain

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Whooping Cough (DURATION) 42 DAYS

(Signed) Lee A Bachman M.D.

Address 700 Log. av. (Comm.)

Date July 8th 1907

Place of Burial Mt Auburn Cemetery

Date July 9 1907

Undertaker Felix B Pyle & Co

Address 102 E. McElroy St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2426

City of Baltimore, (No. 243 N. Bond St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME James S. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ? (Month) 1 (Day) (Year)

AGE: 84 ? years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) —

Filed 7/8 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 — 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 6 1907 that I last saw h— alive on July 5 1907, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Senile degeneration

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) WM. FUNCK M.D.

101 N. FULTON AVENUE

BALTIMORE 190 (Address) JUL 6 1907

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Natorige Cem

DATE OF BURIAL: July 9 1907

UNDERTAKER: Felix B Fyc

ADDRESS: 102 E Mulberry St

Ward V C 2427 Registered No. B 1506 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Thames St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarita Cada

{ Residence, if in Baltimore, Give Street and Number. } 1706 Thames St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 30 1907

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jn. Carlo Cada

BIRTHPLACE OF FATHER (State or country) Spain

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Carlo Cada

(Address) 1706 Thames St

Filed 7/8 1907

HARRY C. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Comm M.D.

Address 329 S Grame St.

Date July 8 1907

Place of Burial Ft Evergreen Cem.

Date July 8 1907

Undertaker Landau Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2428 Registered No. B [illegible] 15-3V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norbert Unziger

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 7 1907 that I last saw h alive on 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Cancer

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date July 7 1907

Place of Burial New Cathedral

Date July 8th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2429 Registered No. B C 2429

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Auter

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: ..... years, 1 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sngl	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. I. Asy.

Filed 7/8/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date July 7 1907

Place of Burial New Cathedral

Date July 8th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2430 Registered No. B 1531

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose May Harrison

{Residence, if in Baltimore, Give Street and Number.} St Vincents.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/8 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 7 1907

I HEREBY CERTIFY, That I attended deceased from July 1 190 to July 7 190 ;

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date July - 7 1907

Place of Burial New Cathedral

Date July 8th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2431 Registered No. B 153

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Watson

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 7 1907 that I last saw h alive on 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Drantion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J. Martin M.D.

Address .....

Date July 7 1907

Place of Burial New Cathedral

Date July 8th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

HARRY O'BRIEN, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2432 Registered No. B .....

CERTIFICATE OF DEATH.

1041

(Place of Death.) No. 777 George St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edrole H. Kremer

{ Residence, if in Baltimore, Give Street and Number. } 777 George St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 17 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Charles Kremer

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Catherine F Swartzer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cath F Kremer

(Address) 777 George St

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 6 1907 that I last saw h.. alive on July 6 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 11 DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) Robt H. Ellmore M.D.

Address 576 N. Fremont Ave

Date July 6 1907

Place of Burial Holy Redeemer

Date 7/9 1907

Undertaker Wm J Schilling

Address 204 N Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 M. D. N.

Registered No. B C 2433

C 2433

CERTIFICATE OF DEATH.

69 V

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Reha.

{Residence, if in Baltimore, Give Street and Number.} 421 S. Madeira St

Duration of Residence in Baltimore. 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 57 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Bohemia.

FULL NAME OF FATHER Matej Reha

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from 6-5 1901 to 7-7- 1907

that I last saw him alive on 7-6- 1907

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Cardiac Dilatation.

(DURATION) DAYS

Contributory (Primary.) Epilepsy.

(DURATION) DAYS

(Signed) P. D. Vorris M.D.

Address Bay View Hosp.

Date July 7th 1907

Place of Burial Oak Hill.

Date July 9 1907

Undertaker Grand Branch

Address 1904 Ashland Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 2434 Registered No. B 434

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 N. Dallas st. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Barbara Johnson

{ Residence, if in Baltimore, Give Street and Number. } 602 N. Dallas st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Moses Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Celesta Scott

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celesta Johnson

(Address) 602 Short St

Filed 7/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 5 — 1907 to July 8 — 1907 that I last saw h er alive on July 7 — 1907 and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date July 8th 1907.

Place of Burial Laurel Cemetery

Date July 9 1907

Undertaker Felix Rogers

Address 1028 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2435

City of Baltimore, (No. 2000 McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Rose

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Seligman Rose

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Esther Lauphaimer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: of Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj Rose

(Address) 2000 McCulloh

Filed July 9th 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 7th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 25 1907 to July 3rd 1907 that I last saw him alive on July 3 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Lymphatic Leukaemia

(DURATION) 3 months

Contributory Tuberculosis of Larynx

(DURATION) 2 months

(Signed) Louis P Hamburger M.D.

July 8 1907 (Address) 1210 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Ohel Shalom

DATE OF BURIAL: July 9 1907

UNDERTAKER: John E Haught

ADDRESS: 1122 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 2436 Registered No. B C 2436

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Caroline St Dock (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Jones

{ Residence, if in Baltimore, Give Street and Number. } 219 S. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Harry Jones

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E. Haywood

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Jones

(Address) 219 S. Durham St

Filed 7/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas Ludlow Coroner M.D.

Address 320 ½ Greene St

Date ..... 190...

Place of Burial Laurel

Date July 9th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2437

City of Baltimore, (No. 1817, Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Paul L. Eckman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 22 (Day) 1906 (Year)

AGE: ..... years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltic

FULL NAME OF FATHER: David E Eckman

BIRTHPLACE OF FATHER (State or country): Hagerstown Md

MAIDEN NAME OF MOTHER: Clara V. Lambert

BIRTHPLACE OF MOTHER (State or country): Kent Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks

(Address) 17 S. Calhoun St

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 6.28 1907 to July 7 1907 that I last saw h in alive on July 7 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 10 DAYS

Contributory Teething

(DURATION) DAYS

(Signed) J. D. Gilbert M. D.

7.8 1907 (Address) 111 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: London Park cem — DATE OF BURIAL: 7-9th 1907

UNDERTAKER: Robt Brookes sen — ADDRESS: 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2438

City of Baltimore, (No. 2469 Druid Hill Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Lina Kahn

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April (Month) 15 (Day) 1839 (Year)

AGE 68 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany Prussia

FULL NAME OF FATHER ~~Joseph~~ Kahn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Fredericka

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Kahn

(Address) 2469 Druid Hill Ave

Filed 7/9 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4th 1907 to July 7th 1907

that I last saw her alive on July 7 1907,

and that death occurred, on the date stated above, at 9 15 a M. The CAUSE OF DEATH was as follows:

Chronic Brights

(DURATION) 5 DAYS

Contributory Uraemic Coma

(DURATION) 3 DAYS

(Signed) L. F Free M. D.

July 8th 1907 (Address) 2466 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Hebrew Cem

DATE OF BURIAL JUL 9 1907 190

UNDERTAKER J Simons

ADDRESS 754 N Eutaw St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2439 Registered No. B C 2439

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 Kuper Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John McGrath

{ Residence, if in Baltimore, Give Street and Number. } 1300 Kuper Place.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1873

AGE 34 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael McGrath

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margt. Donohue

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Hucksters

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Gaffney

(Address) 1300 Kuper Place

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907.

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to July 8 1907 that I last saw h— alive on July 8 1907, and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St.

Date July 9th 1907

Place of Burial New Cathedral

Date July 11th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward VI C 2440 Registered No. B ..... 67 V.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodore Johnson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/9/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7. 1907.

I HEREBY CERTIFY, That I attended deceased from June 25. 1906 to July 7. 1907 that I last saw him alive on July 7 1907, and that death occurred, on the date stated above, at 9.32 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 2 DAYS

Con'tributory (Primary) Pneumonia ovr. 2yrs

passim (DURATION) ..... DAYS

(Signed) H. M. Andrews M.D.

Address Bay View Asylum

Date July 7. 1907

Place of Burial Sacred Heart Cem.

Date July 9 1907 190

Undertaker Evans & Lange

Address 118 & 120 W. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2441 Registered No. B .....

92V

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 N Montford. ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clyde G. Kirwan

{ Residence, if in Baltimore, Give Street and Number. } 709 N Montford ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Nov 5 1905

AGE: 1 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George H. Kirwan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Katie Seib

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Kirwan

(Address) 709 N Montford ave

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 6 1907

that I last saw h.. alive on July 6 1907,

and that death occurred, on the date stated above, at 7.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) / DAYS

(Signed) Samuel J. Kling M.D.

Address 443 N Patterson Pka

Date July 8 1907

Place of Burial Mt. Carmel Cem.

Date July 9 1907

Undertaker D Landau Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2442 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Taylor, 806 Stockholm St.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Don't know,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Taylor

(Address) 806 Stockholm

Filed 7/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1907

I HEREBY CERTIFY, That I attended deceased from June 28, 1907 to July 7, 1907 that I last saw her alive on June 28, 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) Years

Contributory (Primary.) Don't Know,

(DURATION) Weeks

(Signed) Albert V. Chambers, M.D.

Address 614 E. Pacca St

Date July 8, 1907

Place of Burial Mt Auburn

Date July 10 1907

Undertaker Jno V. Jordan

Address 142 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2443 Registered No. B C 2443

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 Welcome Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Ruth Reid 6

{ Residence, if in Baltimore, Give Street and Number. } 227 Welcome Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH July 6 1907

AGE ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Arthur Wise 6

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Ruth Reid 6

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth Reid 6 (mother)

(Address) 227 Welcome Al

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency
Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ho W Reinhardt M.D.

Address Coroner

Date July 8 190 7

Place of Burial Mt Auburn

Date July 9 190 7

Undertaker Jno A. Tragden

Address 1424 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2444 Registered No. B 477

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 Winter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Wms Wright.

{Residence, if in Baltimore, Give Street and Number.} 126 Winter Street

Duration of Residence in Baltimore. 11½ yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Brooms.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Ferr

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Emmele (daughter)

(Address) 126 Winter St.

Filed 7/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to July 6 1907 that I last saw her alive on July 5 1907 and that death occurred, on the date stated above, at 10.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Cancer

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) F. Edw Smith M.D.

Address 538 Hanover St

Date 7/8/1907 1907

Place of Burial Samuel Cum

Date July 9 1907

Undertaker Jno N. Bradenbaugh

Address 1493 Westfield St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2445 Registered No. B 1764

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lucy Pendleton

{Residence, if in Baltimore, Give Street and Number.} 1531 Argyle Ave

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Pendleton

(Address) 1531 Argyle Ave

Filed 7/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Interstitial haemorrhage, (abdominal)

(DURATION) 3/4 DAYS

Con'tributory (Primary.) Pistol shot

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lan. Ave (Curran)

Date July 9th 1907

Place of Burial Bowles. Essex Co. Va

Date July 9 1907

Undertaker Samuel Trader

Address 914 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

This man shot by policeman in a "raid" — A.S.D.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2446 Registered No. B C 2446

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 8 Locust Point St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harry Ward.

{ Residence, if in Baltimore, Give Street and Number. } 802 Hanover St

Duration of Residence in Baltimore. 3-yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE about 40 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Del.

FULL NAME OF FATHER Robinson Ward.

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Amelia J. Mc Cachen

BIRTHPLACE OF MOTHER (State or country) Del.

OCCUPATION OF DECEASED Elevator ~~Contractor~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. H. M. Ward (brother)

(Address) 1120 Orleans St.

Filed 7/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27. 1907.

Body found July 8 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____

that I last saw h ____ alive on ____ 190 ____,

and that death occurred, on the date stated above, at 11.01 A. M. CAUSE OF DEATH (Secondary or Immediate)

Drowning due to collapsing of Pier # 8 Locust Point.

(DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) Otto W. Leinhardt M.D.

Address Coroner

Date July 8. 1907

Place of Burial Wilmington Del.

Date July 9 1907

Undertaker J. Fen McCully

Address 396 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 02447

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 W. Hurlan St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josef Baker

{ Residence, if in Baltimore, Give Street and Number. } 825 W. Hurlan St.

Duration of Residence in Baltimore. .....

C. 2447

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	1
AGE	years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Josef Baker
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Baker

(Address) 825 W. Hurlan St

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/8/07 190

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 8th 1907

that I last saw h[illegible] alive on 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

2 weeks (DURATION) DAYS

Contributory (Primary) Cardiac Exhaustion (DURATION) DAYS

(Signed) Wm J Ryan M.D.

Address 3708 Oakland Ave

Date 7/8/07 190

Place of Burial Loudon Park

Date July 9 190 7

Undertaker Frank Grace

Address 1904 Oakland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11. M. Dist. C 2448 Registered No. B [illegible]

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Shenwinski.

{Residence, if in Baltimore, Give Street and Number.} 2209 Winterling Ct.

Duration of Residence in Baltimore 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Mattias Shenwinski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 7/9/07 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from 2-18- 190 to 7-5- 190 7

that I last saw h in alive on 7-4- 190 7

and that death occurred, on the date stated above, at 4.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R. R. Vonnia M.D.

Address Bay View Hosp.

Date 190

Place of Burial St. Mary's Cem.

Date July 10- 190 7

Undertaker Mudell Lipsel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C [redacted] Registered No. B

CERTIFICATE OF DEATH.

C 2449

(Place of Death.) No. 2014, Orleans st, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of John & Veronica M. Valentine

{Residence, if in Baltimore, Give Street and Number.} 2014, Orleans st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 8- 1907

AGE ..... years, ... months, 5 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Valentine

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Veronica Fink

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Jno. Valentine

(Address) 2014, Orleans st

Filed 7/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 8 - 1907

I HEREBY CERTIFY, That I attended deceased from July - 8 1907 to July 8 1907 that I last saw h er alive on July - 8 1907, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) since birth ~~DAYS~~

Contributory (Primary.) Hypertrophied thymus gland (DURATION) since birth ~~DAYS~~

(Signed) Margaret Schultz accoucheur.
Pierre S. Dalbach

Address 121, Jackson Square

Date July - 9 - 1907

Place of Burial Oak Lawn cem

Date July 9/07 1907

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C 2450 Registered No. B ..... C 2450

CERTIFICATE OF DEATH.

(Place of Death.) No: 746 Bradley St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anthony Loisson

{Residence, if in Baltimore, Give Street and Number.} 746 Bradley St

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Dolsinn

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Goff

(Address) 740 Bradley

Filed 9/9/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 - 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to July 8 1907

that I last saw him alive on July 1907

and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma Secondary

Acute

4 months (DURATION) 10 DAYS

Contributory (Primary.) Heart

4 months (DURATION) 10 DAYS

(Signed) Dr G W Bernard M.D.

Address 708 Eutaw St

Date 190

Place of Burial Laurel

Date July 10 1907

Undertaker A. M. Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2451 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 N Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Naylor

{ Residence, if in Baltimore, Give Street and Number. } 418 Paca

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: [illegible]

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: Augusta Newell

BIRTHPLACE OF FATHER (State or country): Balt city

MAIDEN NAME OF MOTHER: Fanni Naylor

BIRTHPLACE OF MOTHER (State or country): Balt city

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml H Naylor

(Address) 418 N. Paca st

Filed 7/9 1907

MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 7 1907 that I last saw h[illegible] alive on July 7 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cantion

(DURATION) 24 Hrs

Contributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) J. C. Morbus M.D.

Address 638 N Gilmor

Date July 9 1907

Place of Burial Mt Auburn

Date July 9 1907

Undertaker John H. Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 2452 Registered No.

CERTIFICATE OF DEATH.

(Place of Death.) No. 29 Jenkins Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wichtman

{Residence, if in Baltimore, Give Street and Number.} 29 Jenkins Lane

Duration of Residence in Baltimore. about 25 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Dec 7 1849

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Weigel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kat Simons

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chr A Hemsley

(Address) 29 Jenkins Lane

Filed 7/9/07 (JAMES C. ANDREWS, PERMIT CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907

I HEREBY CERTIFY, That I attended deceased from June 30th 1907 to July 5th 1907

that I last saw h[illegible] alive on July 4th 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteric Catarrh

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. O. Jones M.D.

Address 1807 Eager St

Date July 9th 1907

Place of Burial Loraine Cemetery

Date July 10 1907

Undertaker C. G. Weidefeld & Co

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2453 Registered No. 8

CERTIFICATE OF DEATH.

(Place of Death.) No. 1208 North Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Connelly,

{Residence, if in Baltimore, Give Street and Number.} 1208 North Eden Street,

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 29" 1840

AGE 67 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Albach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Moore

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm J. Miller

(Address) 1208 N. Eden St.

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5. 1907

I HEREBY CERTIFY, That I attended deceased from March 1905 to July 5. 1907

that I last saw h[er] alive on " " 1907

and that death occurred, on the date stated above, at 8 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Central Asphyxia (Embolic) (DURATION) 24 hours

Contributory (Primary.)

Arterio Sclerosis (DURATION) 2½ years

(Signed) Jos. H. Hartman M.D.

Address 1121 N. Caroline St.

Date July 7. 1907

Place of Burial Baltimore Cemetery

Date July 10" 1907

Undertaker Henry W. Mears Jr.

Address 7 West North Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 2454 Register

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

(Edgar F.)

Full Name Edgar F. Burgess

{Residence, if in Baltimore, Give Street and Number.} Ellicott City

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Burgess

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pierpont

(Address) 2849 N Lafayette av

Filed 7/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to July 8 1907

that I last saw h alive on July 8 1907

and that death occurred, on the date stated above, at 11.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia (Acute)

(DURATION) DAYS

Contributory (Primary.)

Hypertrophied & granular Kidneys (DURATION) YS

(Signed) B. W. Crawford M.D.

Address University Hospital

Date July 8 1907

Place of Burial Woodlawn

Date July 10 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 2455 Registered No.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2231 Cleveland Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia F. Anderson.

{Residence, if in Baltimore, Give Street and Number.} 2231 Cleveland Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Anderson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Julia Turner

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Anderson

(Address) 2231 Cleveland Pl

Filed 7/9/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8½ 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4½ 1903 to July 8½ 1907

that I last saw h[er] alive on July 8½ 1907;

and that death occurred, on the date stated above, at 2.30 P. M., CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

24 hours

(DURATION) DAYS

Contributory (Primary.) Chronic Bright's Disease

(DURATION) DAYS

(Signed) Herman J. Gerung M.D.

Address 1437 Eastern Ave.

Date July 9½ 1907

Place of Burial Mt Carmel Cem

Date July 10 1907

Undertaker Twin Brook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2456 Registered No. [illegible]

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2501. Eastern Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Jeter

{Residence, if in Baltimore, Give Street and Number.} ~~Marie E. Jeter~~ 2501 Eastern Av

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: About 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: [illegible] Arundell

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas L. Jeter

(Address) 2501 Eastern Av

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from May 26 1907 to July 8 1907

that I last saw h[illegible] alive on July 7 1907

and that death occurred, on the date stated above, at 12 m.

CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs

(DURATION) 6 Weeks DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) Howard Cook M.D.

Address 914 N Charles St

Date July 9th. 1907

Place of Burial Oakland Cem

Date July 11 1907

Undertaker Wm Cook

Address 602 E. Fairmount Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 2457. Registered No. B...

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 S. Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Briscoe

{Residence, if in Baltimore, Give Street and Number.} 3 S. Carlton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Dec 24 1883

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Briscoe

BIRTHPLACE OF FATHER (State or country) St. Mary's Co Md.

MAIDEN NAME OF MOTHER Mary E. Wooden

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Worden

(Address) 509 Alford St.

Filed 7/9/07 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907.

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 6 1907 that I last saw h... alive on July 6 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis

Pulmonalis

3 mos (DURATION) ... DAYS

Contributory (Primary.) Asthenia

2 hrs (DURATION) ... DAYS

(Signed) T L Norwood M.D.

Address 939 W Fayette St

Date July 6 1907

Place of Burial Mt Zion Cemetery

Date July 9 1907

Undertaker Geo H Hooper

Address 609 L Pitcher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2458 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustav Malinowski

{Residence, if in Baltimore, Give Street and Number.} 914 Fell st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Stanislaus Malinowski

BIRTHPLACE OF FATHER (State or country) Russia Poland,

MAIDEN NAME OF MOTHER Mary Wroblewska,

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Stanislaus Malinowski

(Address) 914 Fell St

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 8 1907 that I last saw h alive on July 8 1907, and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. [illegible] M.D.

Address 16 S Broadway

Date July 9. 1907

Place of Burial St Stanislaus,

Date July 9" 1907

Undertaker W. F. Sadowski.

Address 703 N. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2459

City of Baltimore, (No. 555 N. Hoffman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jane Tripp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colord

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 5-8 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Dawshor

(Address) 555 N Hoffman st

Filed 7/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 6 1907 that I last saw her alive on July 6 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Mitral disease of Heart + Congestion of R.D. Lung

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. A. Wales M. D.

July 8 1907 (Address) 1711 Madison a

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery | DATE OF BURIAL: July 9 1907

UNDERTAKER: Robert A Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 2460 Registered No. 103

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 McCulloh St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Louise Jacobs

{Residence, if in Baltimore, Give Street and Number.} 1521 McCulloh st

Duration of Residence in Baltimore. ~~Life~~ Several Weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 14 1906

AGE: ..... years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: G W Jacobs

BIRTHPLACE OF FATHER (State or country): Phila

MAIDEN NAME OF MOTHER: Mary L Guler

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Jacobs

(Address) New York

Filed 7/9/07 190..... HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8, 1907

I HEREBY CERTIFY, That I attended deceased from July 7, 1907 to July 8, 1907

that I last saw h-- alive on July 8 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis, Simple

Asthenia

(DURATION) 2 DAYS

Contributory (Primary Gastro-intestinal disturbance (DURATION) Several DAYS

(Signed) Wm. M. Bamebaker M.D.

Address 209 Madison ave

Date July 9th 1907

Place of Burial Gettysburg, Pa

Date July 10 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 2461 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 S. Duncan al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine M. Kohm

{Residence, if in Baltimore. Give Street and Number.} 319 S. Duncan al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 13 1889

AGE 18 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER ~~Leonard~~ John Kail

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Ida Wiesner

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Kohm

(Address) 319 S. Duncan al

Filed 7/9 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from June 25th 1907 to July 7th 1907

that I last saw h[illegible] alive on July 6th 1907,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

3 wks (DURATION) ~~DAYS~~

Contributory (Primary)

Pulmonary Tuberc (DURATION) ? DAYS

(Signed) A. G. Rytina M.D.

Address 224 E. Monument St

Date July 8th 1907

Place of Burial Holy Redeemer

Date July 10 1907

Undertaker D. C. Kerr

Address 1914 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2462 Registered No. 1314

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kilopsin Martin

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	years, months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 7/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 8 1907 that I last saw h alive on 1907, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Incarceration

Sif

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date July 9 1907

Place of Burial New Cathedral

Date July 9th 1907

Undertaker Martin Flaherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2463 Registered No. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. A Boyer

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. I. Asy.

Filed 7/9/07

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 7 1907

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

acute Entero - Colitis

(DURATION) 6 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date July 9 1907

Place of Burial New Cathedral

Date July 9th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 2464 Registered No. B....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Zita Corbett

{ Residence, if in Baltimore, Give Street and Number. } St Vincents.

Duration of Residence in Baltimore. Life

C. 2464

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH 1

AGE ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/9 1907 HARRY G. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from July 1 190 to July 8 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition Life

(DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date July 9 1907

Place of Burial New Cathedral

Date July 9th 1907

Undertaker Martin Bakey Estab

Address 610 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2465 Registered No. B...

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 N. Fourth Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Jennie Knight ~~Knight~~

{ Residence, if in Baltimore, Give Street and Number. } 2021 Pennsylvania ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: May 1 1854	
AGE: 53 years, 2 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Canada	
FULL NAME OF FATHER: Gilbert Keith	
BIRTHPLACE OF FATHER (State or country): Canada	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Knight

(Address) 2021 Pennsylvania ave

Filed 7/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 6 1907 that I last saw h.. alive on July 6 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic coma

(DURATION) ~~2 hrs~~ days

Contributory (Primary.) Chronic parenchymatous Nephritis (DURATION) Dont know days

(Signed) Joseph Gaverani M.D.

Address 518 N. Fourth Ave

Date July 6 1907

Place of Burial Westernview

Date July 10 1907

Undertaker P. J. Dickinson Co

Address Baltimore & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21

C 2466 Registered No. [illegible]

97 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Shaw

{Residence, if in Baltimore, Give Street and Number.} 123 East

Duration of Residence in Baltimore 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: [illegible] Known

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Shaw

(Address) 123 East St

Filed 7/4/07 1907

[illegible] C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8, 1907.

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to July 8 1907

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Asthma

(DURATION) — DAYS

Contributory (Primary.) Senility

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Caroline St

Date July 8 1907

Place of Burial Mt Zion

Date July 10th 1907

Undertaker Wm J. G. Jackson

Address 1421 Druid Hill Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2467. Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 Warren Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas R Jones

{Residence, if in Baltimore, Give Street and Number.} 311 Warren Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 3rd 1907

AGE: ..... years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: L. Burkley Jones Jr

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie L Bowen

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Burkley Jones, Jr.

(Address) 311 Warren Ave

Filed 7/9/07 190.. HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8th 1907

I HEREBY CERTIFY, That I attended deceased from June 30th 1907 to July 8 1907

that I last saw him alive on July 8th 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

A few hours (DURATION) ——— DAYS

Contributory (Primary.)

Acute Hem-Colitis (DURATION) 9 DAYS

(Signed) Clark Lilly M.D.

Address 1111 W. Lanvale St

Date July 9th 1907

Place of Burial Loudon Park Cem

Date July 10th 1907

Undertaker B Lahlman & Son

Address 109 Hanover St

WM. J. C. DULANY. CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2468

City of Baltimore, (No. 26-41, Florence St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Negro

DATE OF BIRTH: May (Month) 16 (Day) 1900 (Year)

AGE: 7 years, 1 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Bruce Bell

BIRTHPLACE OF FATHER (State or country): Charles Co. Md

MAIDEN NAME OF MOTHER: Sarah Elizabeth Mellbourn

BIRTHPLACE OF MOTHER (State or country): Charles Co Md

OCCUPATION OF DECEASED: ~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Bell

(Address) 26-41 Florence St

Filed 7/9 1907

JAMES C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to July 6 1907 that I last saw him alive on July 6 1907, and that death occurred, on the date stated above, at 10.15 P. M. The CAUSE OF DEATH was as follows:

Anemia Sub acute

four months (DURATION) DAYS

Contributory heat exhaustion (DURATION) DAYS

(Signed) Fred C. Jenkins M. D.

July 8 1907 (Address) 2208 W. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: July 10 1907

UNDERTAKER: Wm. J. Brown

ADDRESS: 616 Baker

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2469 Registered No. B

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 329 S Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rebecca Meisler

{Residence, if in Baltimore, Give Street and Number.} 329 S Bond

Duration of Residence in Baltimore. 2 wks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE ..... years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Isaac Meisler

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fannie Kesler

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Meisler

(Address) 329 S Bond st

Filed 7/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 9 1907 that I last saw h[illegible] alive on July 8 1907, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Wm. F Bloodg M.D.

Address 1523 E Balto st

Date July 9 1907

Place of Burial Mt Olivet Cemetery Rd Road Dale

Date July 9, 1907

Undertaker Mary Levinson

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 N Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Flora Rollins

{ Residence, if in Baltimore, Give Street and Number. } 402, N. Fremont St

Duration of Residence in Baltimore.. 12 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1884

AGE 12 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1932 Prestman St

Filed July 10th 1907

J. C. ANDREWS, PERMIT CLERK.

Registrar

C & P & Co R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 8 1907 that I last saw h.. alive on July 7 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. C. Mohler M.D.

Address 638 N Gilmor St

Date July 8 1907

Place of Burial Edmondson Ave Cemetery

Date July 10th 1907

Undertaker James H Dennis

Address 1932 Prestman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X C 2471 Registered No. B C 2471

154

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry C. Mayer

{Residence, if in Baltimore, Give Street and Number.} 315 Cresthaven ave

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH July 13 1865

AGE 41 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Philada Pa.

FULL NAME OF FATHER C. Adolph Mayer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Metzler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Candy Mfr.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Beistle

(Address) Philadelphia Pa.

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 9 1907

that I last saw h — alive on — 190—

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide - Pistol shot wound in head

(DURATION) — DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 216 N. Caroline St.

Date July 9, 1907

Place of Burial Philadelphia Penna.

Date July 10 1907

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2472 Registered No. B ..... C 2472

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Taylor

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Blk

DATE OF BIRTH: About June 1 1907

AGE: — years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to July 9 1907 that I last saw h... alive on July 8 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 39 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 9 1907

Place of Burial Loytsville Cem

Date July 10 1907

Undertaker Felix J. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — C 2473 — Registered No. B C 2473

CERTIFICATE OF DEATH.

146 V

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin W. Thomas

{Residence, if in Baltimore, Give Street and Number.} 2122 Eagle St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Sept. — 1848

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md —

FULL NAME OF FATHER: Wm. R. Thomas

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Antonia Swing —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Thomas

(Address) In

Filed 7/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 — 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 9 — 1907 that I last saw h[im] alive on July 9 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia due to
Acute mydatis of leg —
(Chronic) (DURATION) 35 DAYS

Contributory (Primary.) Exhaustion
(DURATION) 2 DAYS

(Signed) W H Esker M.D.

Address City Hospital

Date July 9 — 1907

Place of Burial Western Cemetery

Date July. 11th 1907

Undertaker C. F. McCormick

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 2474 Registered No. B C 2474

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John F. Pinggold

{Residence, if in Baltimore, Give Street and Number.} 1619 Biggs av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9. 1907

I HEREBY CERTIFY, That I attended deceased from Feby. 11. 1907 to July 9. 1907 that I last saw him alive on July 9. 1907, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 3 DAYS

Contributory (Primary) General

Paresis (DURATION) Two DAYS

(Signed) H. M. Andrews M.D.

Address Bay View Asylum

Date July 9. 1907

Place of Burial Mt Auburn

Date ~~July 10~~ July 12 1907

Undertaker Wm. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2475

City of Baltimore, (No. 567, Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Pearl Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pearl Thomas

(Address) 567 Baker st

Filed 7/10 1907

HARRY C. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 8 1907

that I last saw h... alive on July 8 1907,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) C Freeman M. D.

July 10 1907 (Address) 1305 N. Dallas

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Lin. | DATE OF BURIAL: June 10 1907

UNDERTAKER: Wm Johnson | ADDRESS: 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2476 Registered No. B C 2476

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Thomas

{Residence, if in Baltimore, Give Street and Number.} 1023 Wagon alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lillie Brooks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Hunter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Brooks

(Address) 1013 Wagon

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to July 8 1907

that I last saw him alive on July 7 1907,

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. B. Hayden M.D.

Address 1216 St. Caroline

Date July 9 1907

Place of Burial Mt Auburn Cemetery

Date July 11 1907

Undertaker R. A. Flint

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 2477 Registered No. B C 2477.

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 Little Pleasant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marriam Jackson

{ Residence, if in Baltimore, Give Street and Number. } 130 Little Pleasant al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Howard Curtis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jackson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jackson

(Address) 130 Little Pleasant

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 - 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 9 1907 that I last saw her alive on July 8 1907 and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Continued

Chabexia infantum

(DURATION) 5 DAYS

Con'tributory (Primary.) Whooping Cough (DURATION) 5 DAYS

(Signed) Dr. J. Bernard M.D.

Address 708 Ensor

Date July 9 - 1907

Place of Burial Laurel

Date July 10 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2478

City of Baltimore, (No. 1013 Vine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lloyd Preston.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Nov. (Month) 14 (Day) 1905 (Year)

AGE: 1 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Thomas H. Preston

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lydia Johnson,

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Preston

(Address) 1013 Vine st

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5. 1907 to July 8. 1907 that I last saw h— alive on July 8 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Chron. Dysentery.

(DURATION) 3 DAYS

Contributory Coma

(DURATION) DAYS

(Signed) F. N. Jamison M. D.

July 9. 1907 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: July 10 1907

UNDERTAKER: R. A. Clark — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 2479 Registered No. B C 2479

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. 1350 Carrall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur winters

{ Residence, if in Baltimore, Give Street and Number. } 1350 Carrall

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 20 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Sydney

(Address) 174 W. Hamburg St.

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to July 1907

that I last saw h alive on July 1907

and that death occurred, on the date stated above, at 5.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inquest on Th Joseph's Hospital

for Gastritis Taken to Hospital one week few days (DURATION) DAYS

Contributory (Primary.) Tuberculosis 2 (DURATION) DAYS 1

(Signed) Frank Jones M.D. Coroner

Address

Date July 9 1907

Place of Burial Mt. Auburn Cem.

Date July 10 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 2480 Registered No. B C 2480

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Barbara May Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 1911 Montrose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 28th 1907

AGE ..... years, ... months, 41 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm J Schmidt

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Estella Crook.

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Schmidt

(Address) 1911 Montrose St.

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 8 1907

that I last saw h alive on July 8 1907 at 6.30

and that death occurred, on the date stated above, at 6.

M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lex. Ave

Date July 9 1907

Place of Burial Western Cemetery.

Date July 10th. 1907

Undertaker George A Gerber

Address 14 S. Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2481

City of Baltimore, (No. 808, William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March (Month) 11 (Day) 1844 (Year)

AGE 63 years, 3 months, 26 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John T. Stewart

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Elliott

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Maria L. Stewart (Wife)

(Address) 808 William St

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to July 7 1907

that I last saw h-m alive on July 7 1907,

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:

Endocarditis

Existed about

4 Months (DURATION) DAYS

Contributory Secondary Anaemia

two Yrs (DURATION) DAYS

(Signed) H. L. Evans M. D.

July 7 1907 (Address) 101 N Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 190
UNDERTAKER	ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 2482 Registered No. B C 2482

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 N. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Mc. Dermott

{ Residence, if in Baltimore, Give Street and Number. } 515 N. Front St

Duration of Residence in Baltimore.

C. 2482

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1847

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Farmen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margt Fielding

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Spun keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss McDermott

(Address) 515 N. Front St

Filed 7/10 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 8 1907

that I last saw her alive on July 8 1907,

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) one DAYS

(Signed) P. E. Lilly M.D.

Address 2001 Cromwell St

Date July 9. 1907

Place of Burial Cathedral Cemetery

Date July 11 1907

Undertaker J. Henry Lutz

Address 100 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward C. 7. Registered No. B 02483

CERTIFICATE OF DEATH.

794

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna E. Clark.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. DHQ

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR B.

DATE OF BIRTH 1

AGE 41 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 7/9/1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 25th 1907 to July 9th 1907

that I last saw h er alive on July 8th 1907 4.30 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Mitral Regurgitation

Aortic Stenosis. (DURATION) DAYS

(Signed) R R Vonns M.D.

Address Bay View Asylum

Date July 9" 1907

Place of Burial Sacred Heart Cmty

Date July 10" 1907

Undertaker Evans & Spence

Address 1184 to 20 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 2484

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Rice St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Gregory

{ Residence, if in Baltimore, Give Street and Number. } 1013 Rice st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: 1

AGE: years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James L Gray

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sara L Godfrey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L Gray

(Address) 1013 Rice St

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

from Pneumonia (DURATION) DAYS

Con'ributory (Primary.) Mal nu-

trition (DURATION) DAYS

(Signed) Silas Bozman M.D.

Address 702 Lap. ave. (Canton)

Date July 9th 1907

Place of Burial Mt Auburn Cemetery

Date July 10 1907

Undertaker G R & A McDiarmid

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2485 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2527 Pennsylvania avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John O'Neill

{Residence, if in Baltimore, Give Street and Number.} 2527 Pennsylvania

Duration of Residence in Baltimore. 5 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 78 years, mont's, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John O'Neill

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James O'Neill

(Address) 2527 Pennsylvania

Filed 7/10 1907 MARY C. ROBERTS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to July 8 1907 that I last saw h— alive on July 8 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

Thrombosis cerebellitis

Kidney trouble and other conditions incident to old age (DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) John E. Dennis M.D.

Address 1302 W. Lombard St

Date July 9 1907

Place of Burial New Cathedral

Date July 11 1907

Undertaker John F. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C 2486

Registered No. B C 2486

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2500 W Baltimore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Dahme

{ Residence, if in Baltimore, Give Street and Number. } 2500 W Baltimore St

Duration of Residence in Baltimore. 37 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Peter Dahme

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. B. Dreisch

(Address) 2500 N. Baltimore St

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 8 1907

that I last saw him alive on 8th July, 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 7 DAYS

Contributory (Primary.) Paralysis

of Heart (DURATION) 2 DAYS

(Signed) August Thom M.D.

Address 46 E 25th St

Date July 9th 1907

Place of Burial Mt. Olivet Cem.

Date July 10 1907

Undertaker Crowley Bros

Address 251 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 2487. Registered No. B C 2487.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Wilmer alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosina Talbert.

{Residence, if in Baltimore, Give Street and Number.} 1424 Wilmer alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Andrew Talbert

BIRTHPLACE OF FATHER (State or country): Mayland

MAIDEN NAME OF MOTHER: Ellen Halliday

BIRTHPLACE OF MOTHER (State or country): Mayland

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosena Talbert

(Address) 1424 Wilmer ally

Filed 7/10 1907

HARRY G. ANDREAE, PERMIT CLERK. G. K.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 4th 1907 to July 9th 1907

that I last saw her alive on July 7th 1907

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asthma

(DURATION) DAYS

Contributory (Primary.) Ac. Pulmonary Tuberculosis (DURATION) DAYS

(Signed) W. T. Carr Jr. M.D.

Address 515 Mosher St.

Date July 9th 1907

Place of Burial Mt Auburn Cemetery

Date July 11 1907

Undertaker Reis Bye

Address 102 E Hubbard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 2488

City of Baltimore, (No. 519 Pine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie Addison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1906 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roberta Simmons

(Address) 519 ½ Pine St

Filed 7/10 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to ..... 190.....

that I last saw h im alive on July 1 1907

and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Marasmus and lack of care

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Jno. A. Mahon M. D.

1711 Mad. Ave (Address) July 8, 1907

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 10 1907

UNDERTAKER: Jackson & Pyle — ADDRESS: 102 E Mulberry

G. R.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

642

CERTIFICATE OF DEATH.

Registered No. BC 2489

City of Baltimore, (No. 1027 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Caprio Lusby

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 2 (Day) 1823 (Year)

AGE: 75 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph. Caprio

BIRTHPLACE OF FATHER (State or country): Spain

MAIDEN NAME OF MOTHER: Ann

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Lusby

(Address) 1915 Mc Elderry St.

~~Filed~~ 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to July 9 1907 that I last saw her alive on July 9, 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

apoplexy

2 hrs. (DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) Cora Belle Brewster M. D.

July 9 1907 (Address) 1027 Mad. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 11 1907
UNDERTAKER	ADDRESS
H. E. Hughes	172 Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

C 2490

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 26 - N. Gilmor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Thos F. Whippey

{ Residence, if in Baltimore, Give Street and Number. } 26 N. Gilmor St.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Feb 23 1825

AGE 79 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Island of Nantucket Mass

FULL NAME OF FATHER Charles G Whippey

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude June

(Address) 232 North Pitt cor Camden

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to July 8 1907 that I last saw h— alive on July 8 1907 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) J Harry Ellwood M.D.

Address 26 N. Gilmor St.

Date July 10 1907

Place of Burial Western Cemetery

Date July 11 1907

Undertaker Geo J Smith & Co

Address 1001 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 2491 Registered No. B C 2491

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Scott st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances J Scott

{ Residence, if in Baltimore, Give Street and Number. } 803 Scott st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 27 1843

AGE 64 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER Wesley Mason

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliza Wagner

BIRTHPLACE OF MOTHER (State or country) Md —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Scott

(Address) 803 Scott st

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 3 H. M. CAUSE OF DEATH (Secondary or Immediate.)

1 Exhaustion

(DURATION) 60 DAYS

Contributory (Primary.) Exhaustion (DURATION) 10 DAYS

(Signed) Edw Jump M.D.

Address 517 Lemmon

Date July 10 1907

Place of Burial Mt Olivet Cem

Date July 11 1907

Undertaker W. J. Pickerell & Bro

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

Ward ..... C 2492 Registered No. B ..... C 2492

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 1246 Hare St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Leon Chronowske

{ Residence, if in Baltimore, Give Street and Number. } 1246 Hare St --

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 1 years; - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Chronowski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Ceslak

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Chronowski.

(Address) 1246 N. Hare St

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 - 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 10 1907

that I last saw him alive on " 9 1907,

and that death occurred, on the date stated above, at 4 - a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

1 wk (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas Green M.D.

Address 629 Pat Park Ave

Date July 10 1907

Place of Burial St Stanislaus

Date July 11 " 1907

Undertaker M F Dudewski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2493 Registered No. B ..... C 2493

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 N. Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Benton

{Residence, if in Baltimore, Give Street and Number.} 400 N. Lakewood ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 1 1906

AGE: ..... years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo. Benton

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Virginia Lee Crisp

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Benton

(Address) 400 N. Lakewood Ave

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907 190

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to July 8 1907

that I last saw h[illegible] alive on July 8 1907

and that death occurred, on the date stated above, at ....M.

CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

Thrush

(DURATION) ..... DAYS

Contributory (Primary.) Teething

(DURATION) ..... DAYS

(Signed) L. Bostwick M.D.

Address 1129 W. Lombard

Date July 9 1907 190

Place of Burial Greenmount Cemetery

Date July 10 1907

Undertaker Wm. E. Black

Address 22 N. Luzerne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2494 Registered No. B C 2494

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. The Johns Hopkins Hospital E. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Daniel Parrett

{Residence, if in Baltimore, Give Street and Number.} Lutherville Md

Duration of Residence in Baltimore. 7 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 12 1835

AGE: 51 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jackson Parrett

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sophronia Cox

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Nicholson

(Address) 1510 Orleans St

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to July 10 1907 that I last saw him alive on July 10 1907 and that death occurred, on the date stated above, at 4:20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Dr't's

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date July 10 1907

Place of Burial Mt. Olivet ✓

Date July 11 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2495 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 N Parish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Holly

{ Residence, if in Baltimore, Give Street and Number. } 504 Parish alley

Duration of Residence in Baltimore. 12 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 504 Parish al

(Address) Katie Holly

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190o ..... to ..... 190o .....

that I last saw h..... alive on ..... 190o .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach Paralysis

(DURATION) 90 DAYS

Con'ributory (Primary.) Consumption

Hemorrhage, (2nd) (DURATION) 7 DAYS

(Signed) Chas Bardin M.D.

Address 100 Log. av. (Corner)

Date July 10th 1907

Place of Burial Mount auburn

Date July 10 1907

Undertaker John H Owens & Son

Address 1422 Druid st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15 DV

CERTIFICATE OF DEATH.

Registered No. B C 2496

City of Baltimore, (No. 1424 E Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Welling.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 6 (Day) 1907 (Year)

AGE: — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Elder Welling.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mellie Rix

BIRTHPLACE OF MOTHER (State or country): Howard Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mellie Welling.

(Address) 1424 E Chase st

Filed 7/10 1907

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to July 9 1907 that I last saw h[illegible] alive on July 9 1907, and that death occurred, on the date stated above, at 5 a m. The CAUSE OF DEATH was as follows:

Blue Baby, Convulsions

(DURATION) 4 DAYS

Contributory

(DURATION) DAYS

(Signed) Geo. N. Walker M. D.

July 9 1907 (Address) 172 Caulton av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Evangelic Cem.

DATE OF BURIAL: July 10 1907

UNDERTAKER: H. Lander & Sons

ADDRESS: 170 Caulton Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 2497 Registered No. B C 2497.

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James G Sturgeon

{ Residence, if in Baltimore, Give Street and Number. } Apex N C.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 4 1880

AGE: 27 years, 3 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Eugene Sturgeon

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Annie L. Young

BIRTHPLACE OF MOTHER (State or country): R. I.

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Sturgeon

(Address) Apex N C.

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to July 10 1907 that I last saw h. alive on July 10 1907 at 10 30 A. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W Mucallum M.D.

Address Johns Hopkins Hospital

Date July 10 1907

Place of Burial Apex N. C.

Date July 10 1907

Undertaker Albert L Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ..... C 2498

C 2498

CERTIFICATE OF DEATH.

(Place of Death.) No. Latrobe St. near Eutaw Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert R. Jackson

{ Residence, if in Baltimore, Give Street and Number. } 1632 McElderry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: J. Fr. Jackson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emily Royston

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): Anna M. Jackson.

Address: 1632 McElderry st

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 to July 9 1907

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Abscess

Fract. Skull

Accident

(DURATION) — DAYS

Contributory (Primary.) Struck by falling [illegible]

(DURATION) ..... DAYS

(Signed) Benj. B. Hayden M.D. Coroner

Address 216 N. Caroline St.

Date July 10 1907

Place of Burial Loudon Park

Date July 11. 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 2499 Registered No. B C 2499

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 Fork Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ora M. Kaye

{Residence, if in Baltimore, Give Street and Number.} 907 Fork Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Afro-Am

DATE OF BIRTH Sept 12 1906

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Samuel R. Kaye

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Cora Matthews

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel R. Kaye

(Address) 907 Fork Ave

Filed 7/10 1907 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-9 1907

I HEREBY CERTIFY, That I attended deceased from 7-8 1907 to 7-9 1907 that I last saw h— alive on 7-10 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Stroke

24 hrs (DURATION) DAYS

Contributory (Primary.) Nephritis

One month (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad Ave

Date 7-10 1907

Place of Burial Mt Auburn

Date 7/11 1907

Undertaker Alex Hemsley

Address 1507 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

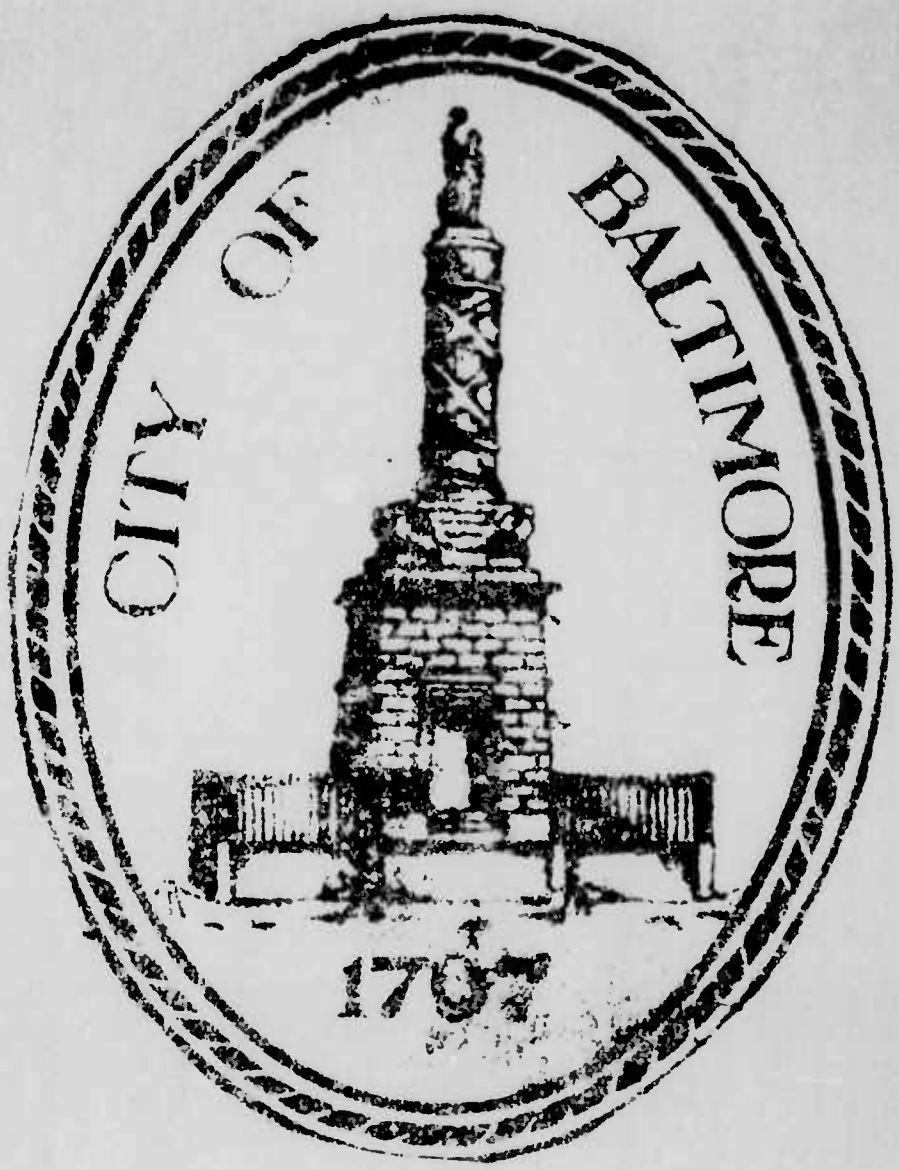
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 25th DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH B-99667 3/27/67 AND ENDING WITH C-2499 7/9/67 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O K Line



END OF REEL